DEVON COUNTY COUNCIL

(MEDICAL DEPARTMENT)

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR

1952

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EXETER
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1953

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER, 1952.

INTRODUCTION AND SUMMARY.

To the CHAIRMAN and MEMBERS of the DEVON COUNTY EDUCATION COMMITTEE.

MR. CHAIRMAN, MY LORD, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report upon the work of the School Health Service in the County for the year ended 31st December, 1952.

The vexed question of the limited facilities at our disposal for the accommodation of educationally sub-normal pupils recommended for special educational treatment in residential special schools is still much in evidence, especially in the case of girls, in which case, the Committee is only able, at present, to call on 6 places at Withycombe House Special School at Exmouth, though it is hoped that by April 1954 the Devon quota there will, approximately, be 18—20 places. The waiting lists for such special school accommodation is approximately 112 in the case of girls and 166 in the case of boys. Boys are partially catered for at Bradfield Special School.

In my report for 1951 I pointed out that the Committee were exploring the possibility of employing a full time Psychiatrist. It is a matter of regret that it was found possible to appoint only a part-time officer for urgent cases. It is still hoped that the matter may be reconsidered as a full-time appointment is extremely desirable.

As regards the School Dental Service the outstanding feature of the year has been the immediate success of the Mobile Dental Clinic. Since it was put into service in February there has hardly been a day, except during the school holidays, when it has not been in use for the dental treatment of school children. My thanks are due to the Engineer in charge of the County's Central Repair Depot for making the arrangements for towing the clinic from place to place as required and for carrying out the small items of servicing which have from time to time been necessary. It is also gratifying to note the considerable improvement in the

staffing position which has taken place during the year, and I feel sure that, as regards the School Dental Service, we can now look forward to a period of progress rather than of retrogression. The staffing ratio of dental officers to school population has never fallen so low in this County as has been reported from many other parts of the country and this is doubtless in no small measure due to the pleasant relationships which it has been possible to maintain throughout the service even in the most difficult times.

In conclusion, I wish to render thanks to the Committee for their assistance during 1952, to my Deputy, Dr. W. J. Doyle, who has been chiefly responsible for the compilation of this Report, and to the Medical, Dental and Nursing Staffs, for their continued co-operation. It is with the greatest pleasure that I report that my deputy, Dr. Doyle, has been restored to health and to full duty, after a very serious illness. I must also express my thanks to the Headmistresses and Headmasters of the various schools for their continued help and to the clerical staff in the Medical Department who have been chiefly responsible for the compilation of the statistics.

I am,

Your obedient Servant,

L. MEREDITH DAVIES.

"Ivybank,"
45, St. David's Hill,
Exeter.

STAFF.

The following lists of Staff show those employed during the whole or any part of the Year 1952 :—

School Medical Officer.

L. Meredith Davies, M.A., M.D., B.Ch. (Oxon), M.R.C.S., L.R.C.P., D.P.H. (Oxon).

Deputy School Medical Officer.

W. J. Doyle, M.B., B.Ch., B.A.O., D.P.H., B.Sc., (Public Health). L.M.

Assistant County Medical Officers and Medical Officers of Health. (Mixed Appointments).

L. G. Anderson, M.D., Ch.B., D.P.H. (Exmouth U.D., Budleigh Salterton U.D. and St. Thomas R.D.)

A. Dick, M.D., Ch.B., D.P.H. (Brixham, Dartmouth and Paignton U.D.'s).

H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H. (Newton Abbot U.D. & R.D. and Dawlish U.D.)

Assistant County Medical Officers.

Mary Eluned Budding, B.Sc., M.B., B.Ch., D.P.H.
Thomas Johannes Davidson, M.B., Ch.B., D.P.H., D.T.M. & H.
Madelaine Epstein, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.C.H., R.C.S.I., (Temporary half-time 6.5.52—5.7.52 incl.)
Dorothy M. Green, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Marjorie H. King, M.B., Ch.B., D.P.H.
Margaret Sheila O'Riordan, B.A., M.B., B.Ch., B.A.O.
John Southmead Rogers, L.R.C.P., M.R.C.S.
Nora Proctor-Sims, M.R.C.S., L.R.C.P., M.R.C.O.G.
Louis Solomon, B.A. (Hon.), M.B., B.Ch., B.A.O., L.M., D.P.H., D.C.H.
Harold Russell Vernon, M.B., Ch.B.
Grace Hortense Walker, M.B., Ch.B., D.P.H.

**County Ophthalmic Surgeons.*

Margaret Lempriere Foxwell, M.R.C.S., L.R.C.P., D.P.H., D.C.H.
William Gardner Hutton, M.A., M.R.C.S., L.R.C.P., D.O.M.S.

**County Ophthalmic Surgeons' Assistants.*

Dorothea M. Newman.
Edith Barth.

*The School Ophthalmic Service was taken over by the S. Western Regional Hospital Board on 1.4.49.

County Psychiatrist.

H. S. Gaussen, M.R.C.S. (Eng.), L.R.C.P. (Lond.), (Part-time—appointed 8.12.52).

Medical Adviser in Mental Health.

Christine Joanna McLeay, M.B., Ch.B.

County Psychologist.

Elizabeth Yeo, M.A. (Oxon).

Senior Psychiatric Social Worker in Child Guidance.

Jaspan, Helen, S.S.C. (Lond.) 1949; Cert. in Psychiatric Social Work, (Edin.) 1949, (Appointed 1.9.52).

Social Worker in Child Guidance. (Temporary).

Frances Mary Dickinson, D.S.S., (Part-time).

Speech Therapists.

Dawn Maureen Dickinson, L.C.S.T., (Appointed 19.3.52).

Pamela Marian Dunn, L.C.S.T.

Marian Joan Perry, L.C.S.T., (Appointed 3.3.52).

Dental Staff.

Senior Dental Officer.

J. Fletcher, L.D.S.

County Dental Officers.

H. N. Barnes, L.D.S., (Temporary part-time), (Resigned 9.4.52).

R. O. Borgars, L.D.S., R.C.S. (Eng.), (Appointed 7.7.52).

A. T. Dally, L.D.S., (Appointed 1.5.52).

G. J. Derbyshire, L.D.S.

J. L. Dickson, L.D.S.

W. A. Dredge, L.D.S., (Temporary—resigned 17.2.52).

E. W. Falkner, L.D.S., R.C.S. (Eng.), (Temporary part-time—resigned January 1952).

T. L. Fiddick, L.D.S., (Temporary).

H. W. Gibbs, L.D.S., R.C.S. (Eng.), (Appointed 18.2.52).

D. R. House, M.R.C.S., L.R.C.P., L.D.S.

Mabel Frances Inder (Mrs.), L.D.S., (Temporary part-time—resigned 22.2.52).

R. J. Inder, L.D.S., (Retired 28.6.52).

H. P. Joscelyne, L.D.S., (Temporary part-time—resigned 2.4.52).

K. W. Massey, L.D.S.

W. R. Matthews, L.D.S., R.C.S. (Eng.), (Temporary part-time).

A. S. Peacock, L.D.S., D.D.O., (Also part-time Orthodontist).
W. H. Phillips, L.D.S., (Temporary—appointed 25.2.52).
J. A. Pugh, L.D.S., (Temporary part-time).
Eileen Rich (Miss), L.D.S., (Resigned 30.9.52).
Barbara J. Shapland (Miss), L.D.S.
J. E. B. Smith, L.D.S.
J. W. Steer, L.D.S.
J. K. Vowles, B.D.S., (Appointed 23.1.52).

Dental Attendants.

Miss P. M. Beale.
Miss S. E. Bearne.
Mrs. E. M. Blow, (Resigned 30.7.52).
Miss G. M. Davie.
Miss F. Featherstone.
Miss P. M. Foster, (Resigned 4.11.52).
Mrs. R. Gentry.
Miss C. B. Golding.
Miss J. P. S. Gowan, (Appointed 1.9.52).
Miss G. D. Hill.
Miss E. Horrill, (Appointed 5.5.52).
Miss K. Hudson.
Miss P. Moyse, (Appointed 25.2.52).
Mrs. B. E. Power.
Miss D. Sabine.
Mrs. W. Sabine.
Miss M. Sheldon.
Miss M. E. M. Skinner.
Mrs. W. F. Turnbull.

In addition six temporary part-time Dental Attendants were employed for short periods during the year.

Health Visitors—School Nurses.

Senior Medical Officer for Maternity and Child Welfare.

Dr. Florence Gloria Richards, M.R.C.S., L.R.C.P., D.(Obst.), R.C.O.G. (Supervises the work of the Health Visitors—School Nurses. No part of the salary connected with this post is allocated to the School Health Services).

Miss A. P. Andrews, S.R.N., S.C.M., H.V.C.
Miss F. M. Axford, S.R.N., S.C.M., H.V.C. (Commenced 19.5.52).
Miss M. L. Baker, S.R.N., S.C.M., H.V.C., (Resigned 5.6.52).
Miss H. J. Ballard, S.R.N., S.C.M., H.V.C.
Miss M. E. Barrell, S.R.N., S.C.M., H.V.C., (Resigned 5.6.52).

Mrs. A. Butler, S.R.N., S.C.M., H.V.C., (Retired 31.12.52).
Miss W. Caffyn, S.R.N., S.C.M., H.V.C., (Resigned 5.4.52).
Miss K. M. Carr, S.R.N., S.C.M., H.V.C., (Commenced 26.5.52).
Miss J. B. Clark, S.R.N., S.C.M., H.V.C.
Miss I. K. Edwards, S.R.N., S.C.M., H.V.C.
Miss H. Faulkner, S.R.N., S.C.M., H.V.C.
Miss B. Gallagher, S.R.N., S.C.M., H.V.C., (Commenced 1.11.52)
Miss M. C. E. Gibbons, S.R.N., S.C.M., H.V.C.
Miss L. Gilbert, S.R.N., S.C.M., H.V.C.
Mrs. J. A. Godfrey, S.R.N., S.C.M., H.V.C.
Miss G. Greenwood, S.R.N., S.C.M., H.V.C.
Miss E. M. Hall, S.R.N., S.C.M., H.V.C.
Miss P. M. Harper, S.R.N., S.C.M., H.V.C., (Resigned 18.4.52).
Miss M. Harris, S.R.N., S.C.M., H.V.C.
Miss M. Harry, S.R.N., S.C.M., H.V.C.
Miss K. M. Hensel, S.R.N., S.C.M., H.V.C., (Commenced 1.5.52).
Miss E. Honeywell, S.R.N., S.C.M., H.V.C.
Miss E. J. Jackson, S.R.N., S.C.M., H.V.C.
Miss M. Leathley, S.R.N., S.C.M., H.V.C.
Miss R. Lee, S.R.N., S.C.M., S.I. Cert., (Retired 31.12.52).
Mrs. L. Lee, S.R.N., S.C.M., H.V.C.
Miss G. Mason, S.R.N., S.C.M., H.V.C.
Miss R. I. Morris, S.R.N., S.C.M., H.V.C.
Miss I. W. Pester, S.R.N., S.C.M., H.V.C.
Miss D. Pulsford, S.R.N., S.C.M., H.V.C.
Mrs. A. Ralls, S.R.N., S.C.M., H.V.C.
Miss J. W. Rennie, S.R.N., S.C.M., H.V.C.
Mrs. E. M. Rogers, S.R.N., S.C.M.
Miss E. Ryall, S.R.N., S.C.M., H.V.C.
Miss E. M. Sercombe, S.R.N., S.C.M., H.V.C.
Miss M. J. Simpson, S.R.N., S.C.M., H.V.C.
Miss N. Smith, S.R.N., S.C.M., H.V.C.
Mrs. W. Sparks, S.R.N., S.C.M., H.V.C.
Miss M. E. Stone, S.R.N., S.C.M., H.V.C.
Miss M. M. Thain, S.R.N., S.C.M., H.V.C.
Miss J. M. Wallace, S.R.N., S.C.M., H.V.C.
Miss E. H. Walters, S.R.N., S.C.M., H.V.C., (Resigned 30.9.52).
Miss M. Walters, S.R.N., S.C.M.
Miss O. Walters, S.R.N., S.C.M., H.V.C.
Miss J. West, S.R.N., S.C.M., H.V.C., (Resigned 16.2.52).
Miss M. Whittle, S.R.N., S.C.M., H.V.C., (Resigned 31.1.52).
Mrs. E. L. Willis, S.R.N., S.C.M., H.V.C., (Commenced 1.7.52).

School Nurse.

Mrs. E. M. Clarke, S.R.N.

Nursing Assistants.

On 31st December, 1952, there were 12 full-time and 2 part-time Nursing Assistants.

Clerical Staff.

CHIEF CLERK.

H. T. Baldwyn.

School Health Section.

CLERK IN CHARGE OF SECTION :

W. A. Down.

GENERAL STATISTICS.

Area of Administrative County—1,649,206 acres.

Population of Administrative County at 1951 Census—Provisional —513,819.

Rateable value of County—£3,524,223 (1.4.52).

Value of 1d. rate on area, 1952/53—£14,600.

		Primary	* *Secondary*	† *Further*	*Special*	*Total*
(a)	Number of Schools :					
	County	221	60	7	3	291
	Voluntary	178	1	—	—	179
	Totals	399	61	7	3	470
(b)	Number of children on registers 31.12.52	42,223	18,049	401	145	59,818
(c)	Number of permanent closures during year	1	—	—	—	1
(d)	Estimated average number of pupils on registers			58,862		

* Inclusive of Modern, Grammar, and Technical (Secondary) age.

† Technical etc., other than "secondary age" pupils.

MEDICAL INSPECTION.

(*a*) General.

The total number of children medically examined at "Periodic" Inspections in Primary and Secondary Schools (including Special Schools) was 21,373 against 19,616 in 1951, and the number examined as "Specials"† was 15,829 against 15,439 in 1951. The number of "Re-inspections"† carried out during 1952 was 35,242 against 34,705 in 1951, (see Table below).

(*b*) Children found at Periodic Examinations to require treatment.

The number of children found under this heading (excluding those suffering from dental disease, dirty or verminous conditions) is shown in Table 1 (C).

The percentage for Primary school children was 10.59 as against 8.2 for 1951. For Secondary schools the figure was 10.73 (8.9 in 1951).

Table I.

Medical Inspection of Pupils attending Maintained Primary and Secondary* Schools (Including Special Schools).

(A). Periodic Medical Inspections.

Number of Inspections in the prescribed Groups.

	Total
Entrants	7,723
Second Age Group	5,006
Third Age Group	3,547
Total	16,276
Number of other Periodic Inspections	5,097
Grand Total	21,373

(B). †Other Inspections.

Number of Special Inspections	15,829
Number of Re-Inspections	35,242
Total	51,071

* Including those of Modern, Grammar and Technical (Secondary age) type.

† These figures include examinations at School Clinics as well as those carried out at schools.

SCHOOL NURSES' VISITS AND EXAMINATIONS.

Number of visits to schools for any purpose during the year .. 7,056

Number of visits to homes of school children for any purpose during the year 5,781

PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual children found at Periodic Medical Inspections to require Treatment for any condition except Dental, Dirty Conditions, or Verminousness :—

Table I. (c).

Group	*For defective vision (excluding Squint and other conditions of the Eyes).*	*For any of the other conditions recorded in Table* IIA.	*Total individual pupils.*
Entrants	70	892	868
Second age group	107	421	481
Third age group	93	314	373
Total (prescribed groups) ..	270	1,627	1,722
Other periodic inspections ..	131	461	552
Grand Total ..	401	2,088	2,274

FURTHER EDUCATION.

In addition to the children medically examined at Primary and Secondary Schools 105 pupils were examined at Periodical Medical Inspections at *Science, Technical and Art Schools, and 20 were found to require Treatment (other than Dental or Verminous conditions). Eleven pupils were re-examined. There were no special examinations.

Seventy-five student teachers training at Rolle College, Exmouth, were also examined—as " Leavers."

* (These figures exclude " SECONDARY AGE " pupils who attend two of these schools).

TABLE II. (A). PERIODIC MEDICAL EXAMINATIONS.

DEFECTS REQUIRING TREATMENT.

Defects and Diseases.	Primary *(12,945)	Incidence per 1,000 Children Examined	Secondary (Mod. Sec. & Grammar Type) (8,428)	Incidence per 1,000 Children Examined	Total (21,373)	Incidence per 1,000 Children Examined
Skin—	105	8.11	92	10.91	197	9.21
Eyes— (a) Either Close or Distant Acuity	177	13.67	224	26.57	401	18.76
(b) Squint	117	9.03	23	2.72	140	6.55
(c) Other	80	6.17	66	7.83	146	6.83
Ears— (a) Hearing	26	2.00	22	2.61	48	2.24
(b) Otitis Media	36	2.78	24	2.84	60	2.80
(c) Other	15	1.15	15	1.77	30	1.40
Nose and Throat (Any defects)—						
(a) Enlarged Adenoids only	7	.54	9	1.06	16	.74
(b) Chronic Tonsilitis only	99	7.64	27	3.20	126	5.89
(c) Enl. Ad. and Ch. Tonsilitis	195	15.06	19	2.25	214	10.01
(d) Other Nose or Throat	26	2.00	26	3.08	52	2.43
Speech—	42	3.24	15	1.77	57	2.66
Cervical Glands—	32	2.47	5	.59	37	1.73
Heart and Circulation—	25	1.93	20	2.37	45	2.10
Lungs—	39	3.01	27	3.20	66	3.08
Developmental—						
(a) Hernia	20	1.54	2	.23	22	1.02
(b) Cryptorchidism	11	.84	6	.71	17	.79
(c) Other	18	1.39	9	1.06	27	1.26
Orthopaedic—						
(a) Posture	71	5.48	70	8.30	141	6.59
(b) Flat Foot	132	10.19	55	6.52	187	8.74
(c) Other	157	12.12	96	11.39	253	11.83
Nervous System—						
(a) Epilepsy	4	.30	6	.71	10	.46
(b) Other	10	.77	2	.23	12	.56
Psychological—						
(a) Development	15	1.15	7	.83	22	1.02
(b) Stability	8	.61	9	1.06	17	.79
Other—	692	53.45	251	29.78	943	44.12
Malnutrition—	14	1.08	6	.71	20	.93

*The figures in parenthesis denote the number of children examined.

TABLE II. (A).—Continued. PERIODIC MEDICAL EXAMINATIONS.

DEFECTS REQUIRING TO BE KEPT UNDER SUPERVISION BUT NOT REQUIRING SPECIFIC MEDICAL TREATMENT.

Defects and Diseases.	Primary *(12,945)	Incidence per 1,000 Children Examined	Secondary (Mod. Sec. & Grammar Type) (8,428)	Incidence per 1,000 Children Examined	Total (21,373)	Incidence per 1,000 Children Examined
Skin—	277	21.39	177	21.00	454	21.24
Eyes— (a) Either Close or Distant Acuity	27	2.08	44	5.22	71	3.32
(b) Squint	66	5.09	11	1.30	77	3.60
(c) Other	81	6.25	49	5.81	130	6.08
Ears— (a) Hearing	102	7.87	24	2.84	126	5.89
(b) Otitis Media	154	11.89	40	4.74	194	9.07
(c) Other	63	4.86	27	3.20	90	4.21
Nose and Throat (Any defects)—						
(a) Enlarged Adenoids only	31	2.39	9	1.06	40	1.87
(b) Chronic Tonsilitis only	642	49.59	198	23.49	840	39.30
(c) Enl. Ad. and Ch. Tonsilitis	543	41.94	51	6.16	594	27.79
(d) Other Nose or Throat	299	23.09	72	8.54	371	17.35
Speech—	105	8.11	17	2.01	122	5.70
Cervical Glands—	779	60.17	87	10.32	866	40.51
Heart and Circulation—	239	18.46	152	18.03	391	18.29
Lungs—	346	26.72	120	14.23	466	21.80
Developmental—						
(a) Hernia	58	4.48	4	.47	62	2.90
(b) Cryptorchidism	39	3.01	42	4.98	81	3.78
(c) Other	161	12.43	38	4.50	199	9.31
Orthopaedic—						
(a) Posture	345	26.65	294	34.88	639	29.89
(b) Flat Foot	268	20.70	101	11.98	369	17.26
(c) Other	551	42.56	295	35.00	846	39.58
Nervous System—						
(a) Epilepsy	14	1.08	4	.47	18	1.84
(b) Other	89	6.87	27	3.20	116	5.42
Psychological—						
(a) Development	78	6.02	33	3.91	111	5.19
(b) Stability	83	6.41	10	1.18	93	4.35
Other—	923	71.30	453	53.74	1,376	64.38
Malnutrition—	109	8.42	80	9.49	189	8.84

*The figures in parenthesis denote the number of children examined.

TABLE II. (A)—Continued.

SPECIAL EXAMINATIONS.

It must be borne in mind that a large proportion of these Special Examinations are made at School Clinics, where every first attendance in the Year should be counted as a Special. It is also possible that a child may be counted under the heading "Specials" more than once in a Year. The incidence per 1,000 children is therefore not shown in this Table as the work entailed would not justify the result.

DEFECTS REQUIRING MEDICAL TREATMENT.

Defects and Diseases.	Primary	Secondary (M.S. and Gram. Type).	Primary, Secondary and Clinic.
Skin—	14	4	1,754
Eyes— (a) Either Close or Distant Acuity	11	11	22
(b) Squint	9	4	13
(c) Other	11	2	868
Ears— (a) Hearing	8	—	8
(b) Otitis Media	3	2	5
(c) Other	1	—	717
Nose and Throat (any defects)—			
(a) Enlarged Adenoids only ..	1	—	1
(b) Chronic Tonsilitis only ..	15	1	16
(c) Enl. Ad. and Ch. Tons : ..	23	2	25
(d) Other Nose or Throat ..	2	—	237*
Speech—	27	4	31
Cervical Glands—	6	1	7
Heart and Circulation—	5	1	6
Lungs—	13	2	15
Developmental—			
(a) Hernia..	1	1	2
(b) Cryptorchidism	1	1	2
(c) Other	2	—	2
Orthopaedic—			
(a) Posture	8	9	17
(b) Flat Foot	22	3	25
(c) Other	28	6	292*
Nervous System—			
(a) Epilepsy	2	1	3
(b) Other	3	2	5
Psychological—			
(a) Development	8	—	8
(b) Stability	4	—	4
Other Defects or Disease ..	44	7	9,751
Malnutrition	1	2	

* This is an incomplete figure, some "Clinic" Nose and Throat and Orthopaedic defects having been included under Other Defects and Diseases. This matter is being adjusted for the year 1953.

TABLE II. (A).—Continued.

SPECIAL EXAMINATIONS.

DEFECTS REQUIRING TO BE KEPT UNDER SUPERVISION, BUT NOT REQUIRING SPECIFIC MEDICAL TREATMENT.

Defects and Diseases.	Primary	Secondary (M.S. and Gram. Type).	Primary, Secondary and Clinic.
Skin—	15	6	45
Eyes— (a) Either Close or Distant Acuity	6	—	6
(b) Squint	3	—	3
(c) Other	6	3	21
Ears— (a) Hearing	13	2	15
(b) Otitis Media	8	1	9
(c) Other	5	—	22
Nose and Throat (any defects)—			
(a) Enlarged Adenoids only ..	1	—	1
(b) Chronic Tonsilitis only ..	20	4	24
(c) Enl. Ad. and Ch. Tons : ..	44	2	46
(d) Other Throat and Nose ..	13	1	20*
Speech—	11	1	12
Cervical Glands—	27	2	29
Heart and Circulation—	17	9	26
Lungs—	37	6	43
Developmental—			
(a) Hernia..	3	—	3
(b) Cryptorchidism	—	4	4
(c) Other	9	3	12
Orthopaedic—			
(a) Posture	7	5	12
(b) Flat Foot	9	4	13
(c) Other	24	5	31*
Nervous System—			
(a) Epilepsy	2	—	2
(b) Other	9	1	10
Psychological—			
(a) Development	11	1	12
(b) Stability	18	—	18
Other Defects or Disease ..	45	16	} 537
Malnutrition	10	3	

* This is an incomplete figure, some " Clinic " Nose and Throat and Orthopaedic defects having been included under Other Defects and Diseases. This matter is being adjusted for the year 1953.

TABLE II.B.

Classification of the GENERAL CONDITION of Pupils inspected at the Periodic (Age Group) Inspections during the year.

Age Group.	No. Inspected.	A. (GOOD).		B. (FAIR).		C. (POOR).	
		No.	% *of col. 2.*	*No.*	% *of col. 2.*	*No.*	% *of col. 2.*
Prescribed Groups—							
Entrants (Primary)	7,723	2,992	38.74	4,568	59.14	163	2.11
Second Age Group (Primary Leavers) ..	5,006	1,976	39.47	2,928	58.48	102	2.03
Third Age Group (Secondary Leavers) ..	3,547	1,618	45.61	1,859	52.41	70	1.97
Other Periodic Inspections—	5,097	1,852	36.33	3,157	61.93	88	1.72
Grand Total ..	21,373	8,438	39.47	12,512	58.54	423	1.97

The fall in the percentage of children who are classified as having poor general condition is most heartening. It is at least an indication that, generally speaking, the health of the children is being maintained.

ADENOIDS AND TONSILS.

The following table shows the position at a glance :—

INCIDENCE PER 1,000 CHILDREN AT PERIODICAL EXAMINATION.

	Requiring Surgical Treatment.			Not requiring immediate Surgical Treatment, but "Supervision" pending general treatment of child.		
	Prim.	*Sec.*	*Total.*	*Prim.*	*Sec.*	*Total.*
Adenoids only ..	.54	1.06	.74	2.39	1.06	1.87
Chr. Tonsilitis only	7.64	3.20	5.89	49.59	23.49	39.30
Both Adenoids and Tonsilitis ..	15.06	2.25	10.01	41.94	6.16	27.79
Other Nose and Throat ..	2.00	3.08	2.43	23.09	8.54	17.35

There has again been a fall in the numbers of cases of adenoids and tonsils referred for surgical treatment, and this again reflects the present conservative trend in the treatment of this condition.

PROVISION OF MEALS AND SUPPLY OF MILK IN SCHOOLS.

The Chief Education Officer has again kindly supplied the following notes and tables with regard to the feeding of children in School :—

" Building restrictions for large schemes connected with the School Meals Service were still in operation during the whole of 1952 so that it was impossible to afford any relief by the provision of dining huts even where conditions were crowded and difficult.

Steady progress has been made during the year to provide better washing up facilities where these were situated in classrooms or cloakrooms, often resulting in improved conditions for both the School Meals Service and the school generally. In April the unsatisfactory premises at Exmouth Cauleston Central Canteen were given up and the supply of meals for the schools previously covered from this kitchen was distributed among other existing kitchens. The central kitchen at South Molton was also closed during the year and meals for the various schools are now being supplied from the new kitchen at the South Molton Secondary Modern School. The policy of the Ministry of Education is still being followed by the provision of new kitchens where the expense is justified and ten new self-contained canteens were opened during the year.

In common with other branches of Education, the School Meals Service was subject to economy cuts, particularly in staffing, which was brought strictly into line with the Ministry of Education scale. On the whole, the cuts, though unwelcome, were accepted without strong protest and Supervisors are to be congratulated on the high standard of the meal which has been maintained in spite of many difficulties.

A further effect of the economy drive was that no courses could be held for Dining Centre Helpers. A large area of the County still remains to be covered by these courses although the School Meals Organisers do all they can on their routine visits to raise the standard of hygiene.

An additional economy was the abolition of the post of Mobile/Supervisor which has been combined with that of Supervisor/Lecturer at the Training Course. It is a condition that new Cook/Supervisors unless otherwise qualified must take the Training Course at Torquay, and the value of this training is borne out by the quality and variety of the meals generally provided throughout the County.

The following is a comparative statement showing the position of the School Meals Service at the end of December, 1952, from which it will be seen that there was an increase in the percentage of children taking the meal :—

	December, 1951	*December*, 1952
Total number of Schools	462	462
Number on Books	57,087	59,229
Number present	52,721	54,523
Number present who took meals	34,488	36,628
Percentage present who took meals	65.41	67.17

MILK IN SCHOOLS SCHEME. SELECTED DAY, 17th July, 1952.

	Primary.	*Secondary.*
No. of children on books : Devon	41,186	17,567
No. of children present on selected day ..	37,611	16,309
No. of children present on selected day taking milk	33,623	9,130
Percentage of children present on selected day taking milk	89.39%	55.98%
Total number of schools	399	61
Percentage of schools with scheme in operation ..	99.25%	100%

	Schools not receiving milk.		*Schools receiving milk.*	
Primary	3	(0.75%)	396	(99.25%)
Secondary	—	—	61	(100%)

The following table shows the type of milk supplied to schools in 1948 as compared with the present time.

Type of Milk supplied.	1948		1953	
	No. of Schools.	*% of Total.*	*No. of Schools.*	*% of Total.*
Tuberculin Tested ..	95	19.27	152	32.62
Pasteurised	165	33.47	254	54.50
Accredited	92	18.66	15	3.22
Non-designated ..	116	23.53	43	9.22
Dried	25	5.07	2	0.43
TOTAL	493	—	466	—

As can be seen from the above, comparatively few schools are now receiving milk which is neither Tuberculin Tested nor Pasteurised.

Mr. R. R. Willing, Divisional Veterinary Officer, Ministry of Agriculture and Fisheries, has kindly supplied the following report on work which his Department has undertaken during the year :—

> " Inspections of herds which supply milk to schools were carried out, and a total of two-hundred and sixty-five animals were examined. No cattle were found to be affected with mastitis, but one had tuberculosis."

HAIR HYGIENE.

	Primary, Secondary and Special Schools.		
	Routine	*Casual*	*Routine and Casual.*
1. Total number of examinations of pupils in Schools, Homes or Clinics, by the School Nurses or Nursing Assistants ..	158,689	17,380	176,069
2. Total number of individual pupils examined	54,007	2,952	56,959
3. Total number of individual pupils found infested	1,090	271	1,361
4. Infestation Index	1.85	.46	2.32
5. (*a*) Number of individual pupils in respect of whom cleansing notices (V.1.) were issued (Sec.54(2), Education Act, 1944).	559	91	650
(*b*) Number of individual pupils in respect of whom cleansing orders, (V.2's) were issued (Sec.54(3), Education Act, 1944).	41	12	53

6. Number of cases in which legal proceedings were taken :—
   Under Section 54(6) of the Education Act, 1944 .. 5
   Under Section 54(7) of the Education Act, 1944 .. Nil.

7. Number of suceessful prosecutions under Section 54 (6) of the Education Act, 1944. 5

8. Number of successful prosecutions under Section 54 (7) of the Edueation Act, 1944. .. .. .. Nil.

Nine individual ehildren were actually submitted for proceedings this year, one of them three times and two twiee.

In addition, Pediculosis Surveys took place in the ease of pupils up to the age of 18 in some Further Education Schools.

PHYSICAL EDUCATION.

For the submission of the following report on the Physical Education of girls and boys during 1952 I have to thank the Organisers, Miss K. Hacker and Mr. A. A. Brown :—

During the year under review general progress in physical education as a whole has been greatly restricted by the stringent economies and cuts enforced.

We are now short of 5 Organisers and with the present staff of one man and two women, it will take about 5 years to cover the County in providing Refresher Courses for teachers in the various centres and follow-up visits to the schools.

These courses play a very important part in the high standard we aim at attaining, and general progress throughout the County in one year must be limited, to a great extent, to the small area it is possible to cover.

The cancellation of the grants for swimming and for the provision of rubber shoes were further crippling blows to the physical education in the County.

Primary.

Within the limits referred to above, the standard of physical education has improved steadily and good progress is apparent in areas where Refresher Courses have been held recently. Keen interest has been stimulated and the teachers have shown themselves very willing on the whole to try out new methods and new ideas. With the Juniors particularly the work has been most satisfactory, but generally speaking, the Infant teachers tend not to aim high enough, and do not expect enough of the children—there is often a need for a better link up between the Infant and Junior classes.

The necessity for the work to be taken regularly cannot be over-emphasised and in those schools where there is no indoor accommodation and no nearby Hall available for work during bad weather, efforts should be made to take a lesson in the Class-

room rather than miss it for weeks on end. Only in a comparatively few cases is Classroom work made part of the regular curriculum, and a great deal more could be done to develop this idea.

SECONDARY.

Staffing problems have somewhat impeded progress during the year, with the girls particularly in some of the Secondary Modern Schools. There are still several schools without a permanent physical education mistress, and changes of Supply Teachers with their many different methods of teaching, and in some cases, not qualified to work in an equipped Gymnasium, have made it difficult to maintain the standard of work expected in these schools.

Where the Physical Education staff has remained unchanged the work is progressing satisfactorily though it is felt that in some cases, the teachers do not expect a high enough standard from the girls.

A more definite link up between the work in the primary and secondary schools would be most beneficial to both lots of teachers.

In the boys' schools two appointments of P.E. teachers were made and in both cases the vacancy was filled by men holding a Diploma in P.E. Generally the work in the boys' schools is satisfactory and great keenness was shown by teachers on the course in Teignmouth and Newton Abbot. The aim of a course is not to form all teachers in the same mould, but to bring out the best in each one, to give him the chance of seeing other methods, to get him to develop along his strongest line and to guide and stimulate him in his efforts.

GAMES.

Some schools had to limit the number of inter-school matches through shortage of money for travelling expenses. Nevertheless there was no slackening in the time, both in and out of school hours, spent in the coaching of all classes throughout the schools.

The following shows the types of games played on the Boys' side in the Modern and Grammar Schools during the winter months :—

	Soccer and Rugby	Rugby only	Soccer only	Rugby and Hockey	Soccer and Hockey
Grammar	4	7	5	1	2
Secondary Modern ..	13	—	19	—	—

There is a real need to have the best boys in the County tested against one another on the Cricket Field. A start has been made with inter-area Cricket matches. During the next year it is hoped to arrange for all eight areas in Devon to compete against each other.

On the Girls' side, Hockey and Netball are the chief winter games played. The Devon County Women's Hockey Association held the Schools Hockey Tournaments as usual, from which the Junior County team was selected. These took the form of preliminary trials in four areas of the County, viz. Exeter, Plymouth, Paignton and Barnstaple, from which players were selected for the Final trials held in Exeter, and this year 13 Grammar school girls were placed either in the Junior County Hockey XI or as a reserve.

Tournaments for girls under 15 were also run in different areas in which the Secondary Modern Schools were able to take part.

Netball Rallies for the schools were held at Exeter and Barnstaple.

In the summer, the girls play Rounders or Cricket and Tennis. Some more Secondary Modern Schools started Tennis this year.

Athletics.

After preliminary area trials the County Championships were held in Bradford, Yorkshire. A strong team of Boys and Girls represented Devon and finished second in the Minor Counties Section Championship. Nine boys or girls gained places in the finals and one boy won a gold medal.

Swimming.

Children are suffering in physical education through the withdrawal of Swimming Grants. The local authorities in two areas were so perturbed about this cancellation, that they made arrangements for the children to have free use of the Baths for this Season only, under the supervision of the teachers.

In other places swimming was taken by those who could pay for their own admission and transport to the Baths. Tests were taken and certificates awarded as follows :—

Beginners	....	....	540
Proficiency	....	....	248
Star Proficiency	....	....	81

Further Training of Teachers.

During 1952, Courses for Teachers were held in the following Centres :—

		No. attending :
Newton Abbot	(P.T. and Country Dancing) ..	74
Dartmouth	do. ..	34
Kingsbridge	do. ..	37
Sidmouth	do. ..	68
Okehampton	do. ..	33
Tavistock	do. ..	42
Tiverton	do. ..	66
Teignmouth	P.T. in Secondary Schools ..	10

Three one-day courses arranged by the Devon Physical Education Association with the help of the Education Committee were held at Barnstaple, Newton Abbot and Exeter. These were very well attended by approximately 500 teachers. Two teachers were grant aided—one to attend a Vacation Course and the other for a year's supplementary course in Physical Education.

Further Education.

Eighty-six classes in Physical Education under the Evening Institute Regulations were held this year, some of which were visited by the Organisers.

Films.

The showing of Devon County Films has done much to give teachers, children and parents a wider outlook in physical education and has improved the standard of dress and of work in the Primary Schools. We hope to be able to make a film for use in Secondary School work which is badly needed.

Remedials.

There is a great need for the Remedial type of Gymnastic movement to be incorporated into the physical education lesson. In some schools special classes are taken for those children with postural defects such as flat foot, poking heads and habitual bad carriage etc., but where this is not possible, it is urged that many of the exercises which have special remedial effects should be taken during the ordinary physical education lesson.

Organising Staff.

Our thanks are due to the Assistant Organisers for their excellent work. It was very regrettable that it was found necessary as an economy measure to terminate the recently made appointments of two of these at the end of the Summer Term.

We thank the English Folk Dance and Song Society and the Central Council of Physical Recreation for the help they are so ready to give at any time with Teachers' Courses and for advice and help in Further Education.

HANDICAPPED PUPILS.

The following Tables show the position regarding Handicapped Children in the Area :—

Handicapped Pupils requiring Education at Special Schools, (other than Hospital Schools) or Boarding in Boarding Homes.

	(1) *Blind* (2) *Partially Sighted*		(3) *Deaf* (4) *Partially Deaf*		(5) *Delicate* (6) *Physically Handicapped*		(7) *Educationally sub-normal* (8) *Maladjusted*		(9) *Epileptic*	*Total* (1-9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ending 31st Dec., 1952 :—										
A. Handicapped Pupils **newly placed** in Special Schools or Boarding Homes.....	1	1	6	—	20	13	14	22	2	79
B. Handicapped Pupils **newly ascertained** as requiring education at Special Schools or boarding in Homes	—	4	1	4	27	10	95	19	2	162

Number of children reported during the year:—

(a) Under Section 57 (3) (excluding any returned under (b)) 33
(b) Under Section 57 (3) relying on Section 57 (4) 1
(c) Under Section 57 (5) of the Education Act, 1944. 40

	(1) *Blind* (2) *Partially Sighted*		(3) *Deaf* (4) *Partially Deaf*		(5) *Delicate* (6) *Physically Handicapped*		(7) *Educationally sub-normal* (8) *Maladjusted*		(9) *Epileptic*	*Total* (1-9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about December 1st, 1952.										
C. Number of Handicapped pupils from the area :										
(i) attending Special Schools as :										
(a) Day Pupils	—	1	5	4	51	13	2	—	—	76
(b) Boarding Pupils	20	23	26	5	6	15	69	—	7	171
(ii) Attending independent schools under arrangements made by the Authority	—	—	1	—	1	1	1	8	—	12
(iii) Boarded in Homes and not already included in (i) or (ii)	—	—	—	—	1	—	—	33	—	34
Total (C)	20	24	32	9	59	29	72	41	7	293
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :										
(i) in hospitals	—	—	—	—	1	—	—	—	—	1
(ii) elsewhere	—	—	1	3	18	8	2	1	—	33
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition).....	—	7	3	4	2	13	259	4	1	293

TORQUAY OPEN AIR SCHOOL STATISTICS, 1952.

Table A.

	Boys.	*Girls.*	*Total.*
Number remaining on Register from 1951 ..	36	38	74
Number admitted during 1952	10	13	23
Number discharged during 1952	16	16	32
Number remaining on Register at end of 1952	30	35	65

Table B.

Periods on School Register.	*Pupils remaining.*	*Pupils discharged.*
Under 6/12	11	2
6—12 months	9	3
1—2 years.	9	12
2—3 ,, ...	12	5
3—4 ,, ...	14	6
4—5 ,, ...	3	4
5—6 ,, ...	1	—
6—7 ,, ...	4	—
7—8 ,, ...	1	—
8—9 ,, ...	1	—
Totals ..	65	32

Table C and D.

Classification of children : (C)—Remaining on Register at end 1952 ; *(D)—Discharged during* 1952.

	Remaining.			*Discharged.*		
	B.	*G.*	*Total.*	*B.*	*G.*	*Total.*
Delicate (including T.B. Contacts) ..	13	17	30	10	14	24
Asthma	5	3	8	—	—	—
Recurrent Bronchitis	2	1	3	1	—	1
Congenital Heart Disease	4	3	7	—	—	—
Rheumatic Heart Disease	—	2	2	1	—	1
Spastic Paralysis	3	1	4	—	—	—
Infantile Paralysis	—	1	1	2	1	3
Tuberculosis of Bone	1	—	1	—	—	—
Albino	1	—	1	—	—	—
Partially Sighted	—	1	1	—	—	—
Epileptic	—	2	2	1	1	2
Post Chorea	—	1	1	—	—	—
Eczema	1	—	1	—	—	—
Cretin	—	2	2	—	—	—
Chronic Pyelitis	—	1	1	—	—	—
Coeliac	—	—	—	1	—	1
Total ..	30	35	65	16	16	32

MENTAL HEALTH SERVICES.

Report of Medical Adviser in Mental Health.

THE CHILD GUIDANCE SERVICE.

Dr. McLeay reports that :—

Dr. H. S. Gaussen was appointed in December, 1952, as Psychiatrist on a sessional basis and he attends the Child Guidance Clinics to see urgent cases as required. It is hoped that this will relieve the situation at present but it is still felt that for a County of this size the appointment of a full-time Psychiatrist for Child Guidance is desirable.

The Psychologist of this Department and the two Educational Psychologists all give part of their time to clinical work in the Child Guidance Service. Until August, 1952, we had no Psychiatric Social Worker but only the Part-time services of a Social Worker in Child Guidance. We had two vacancies on the establishment for Psychiatric Social Workers and on the 1st September, 1952, one of these vacancies was filled by the appointment of Mrs. H. S. Jaspan. We continue to have the use of the Part-time Social Worker in Child Guidance.

The two Hostels for maladjusted children run by the County Council continue to provide a valuable residential treatment for children who are unable to be dealt with as out-patients at the Child Guidance Clinics.

Devon children living in the vicinity of Plymouth are dealt with by the Plymouth Local Authority Child Guidance Clinic for treatment as arranged under the Scheme approved by the County Education Committee.

There are three Child Guidance Clinics run by the Devon County Council :—

Boutport Street, Barnstaple ..	First Wednesday in the month, 10.30 a.m. to 4.30 p.m. (*By appointment*).
School Clinic, Castle Road, Torquay	Mondays 10.15 a.m. to 4.30 p.m. Tuesdays 10.15 a.m. to 4.30 p.m. (*Remedial Teaching*). Thursdays 10.15 a.m. to 4.30 p.m. (*By appointment*).
Alice Vlieland Clinic, Bull Meadow Road, Exeter ..	Mondays 9.45 a.m. to 4 p.m. Fridays 9.45 a.m. to 4.30 p.m. (*By appointment*).

At the three Clinics 127 new cases have been examined. Attendances for re-examination and treatment have amounted to 1,027. The number of new cases seen at the Plymouth Child Guidance Clinic was 11 and there was a total of 98 attendances for re-examination and treatment.

ATTENDANCES AT CHILD GUIDANCE CLINICS during the year :—

	Old Cases Seen.	*New Cases Seen.*	*Attendances for re-examination and treatment.*
Barnstaple	16	21	12
Torquay	83	75	545
Exeter	26	31	470
Plymouth	17	11	98
TOTALS ..	142	138	1,125

HOSTELS FOR MALADJUSTED CHILDREN.

There are two Hostels run by the Devon County Council :—

Crichel Hostel, Totnes.

Crownwell Hostel, Shaldon.

During the year there were 23 admissions and 15 discharges and on the 31st December, 1952, there were 25 cases remaining in the Hostels under care and treatment :—

Crichel Hostel, Totnes 8

Crownwell Hostel, Shaldon 17

HANDICAPPED PUPILS AND SCHOOL HEALTH SERVICES REGULATIONS, 1945 :—

During the year, there were 173 ascertainment examinations carried out :—

Educationally Subnormal 160

Maladjusted 13

The necessary recommendations were sent to the Chief Education Officer.

The number of cases recommended to the Education Committee for Report to the Local Authority were as follows :—

Section 57(3) of the Education Act, 1944	31
,, 57(4) ,, ,, ,, ,, ,, ...	1
,, 57(5) ,, ,, ,, ,, ,, ...	40

Cases actually Reported by the Education Committee to the Local Authority :—

Section 57(3) of the Education Act, 1944	32
,, 57(4) ,, ,, ,, ,, ,, ...	1
,, 57(5) ,, ,, ,, ,, ,, ...	35
Cancellations under the Education (Miscellaneous Provisions) Act, 1948	3

PROVISION OF SPECIAL EDUCATIONAL TREATMENT FOR HANDICAPPED PUPILS.

The total number of children ascertained as Handicapped Pupils during the year are shown as follows :—

Educationally Subnormal Children.

Res. Spec. School.	Day Spec. School.	S.E.T. in Ordy. School.	Ordy. Class without S.E.T.	Home Tuition	Total Number	Total No. in Category on 31.12.52.
90	4	64	—	2	160	591

RESIDENTIAL SPECIAL SCHOOLS.

On the 31st December, 1952, the number of pupils in Residential Special Schools were 63 :—

Bradfield Special School, Cullompton	56 boys.
Courtenay Special School, Starcross	2 ,,
Withycombe House Special School, Exmouth	5 girls.

During the year there were 12 admissions and 13 discharges.

JUVENILE DELINQUENCY.

The number of cases examined in the Remand Homes amounted to 20 :—

Ashburton Remand Home	10
Pinhoe Remand Home	10

In addition to cases seen in the Remand Homes a large proportion of delinquent children referred by the Courts and Probation Officers were seen at the Child Guidance Clinics.

EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with by the Hospital Eye Service.	
	Primary, Secondary and Special Schools.	Further.
External and other, excluding errors of refraction and squint	387	5
Errors of Refraction (including squint)	11,585	86
Total	11,972	91
Number of Pupils for whom spectacles were :		
(a) Prescribed	2,382	24
(b) Obtained	2,382	24

In addition to the above 1,011 Minor Eye Defects were treated by A.C.M.O.'s or School Nurses, and 128 by Private Doctors or Parents.

The two Ophthalmic Surgeons report as follows :—

Dr. Foxwell.

The year has brought little outstanding to report apart from the arrival of ' The Bulge ' which has produced overcrowding, especially in primary schools, making accommodation for ophthalmic inspections more difficult to find, though the Head Teachers have invariably accomplished the apparently impossible.

It is this examination of school children in their own schools which is such an important feature and forms the key-stone of the Devon School Ophthalmic Service, for :

Firstly, *it produces maximum attendance*, for if the child is present in school, he is present also for the inspection. It is a matter of common experience that where held in comparatively distant clinics or hospitals, there is a fairly high percentage of defaulters.

Secondly, *familiarity of surroundings* is a great asset with very young children. It gives them greater sense of security and largely dispels the apprehension which is frequently manifested by tears, always undesirable, but obviously most so, when it is the eyes requiring examination !

Thirdly, *it establishes liaison between Oculist and Teacher*, an association helpful to both sides, and especially to the children, for supplementary information beyond the actual vision test can frequently be given by the teachers, for which treatment and advice can be given.

Fourthly, the *comparative proximity*, especially of the primary schools, which naturally command the largest attendance of parents, is a great convenience to them for they can be present to discuss the results of the examination without undue loss of time and money, or inconvenience.

Fifthly, *Regular supervision.* When first seen by the Oculist, the child's name is recorded, after which he is kept under regular observation throughout his school years, for as long as deemed necessary, passing from the primary through the secondary departments, it is possible to keep trace of him.

Periodic regular clinics at urban centres are necessary to cater for urgent cases arising between routine school inspections for children requiring more frequent supervision, but should be reserved specifically for these. That they meet a definite need is obvious from the numbers which attend.

The injustice of the 10/- charge for lenses, where frames other than nickel types are chosen, is still in operation and is showing increasingly its disastrous results. Naturally cellon types of frames are more often chosen by grammar school children whose parents are willing to bear the initial expense, but the higher rate of lens charge required by myopes, which constitute the larger number of visual defect in this group, adds additional hardship, the result being that parents are unwilling to pay for the new lenses, and the child objects to wearing nickel type frames, producing the deadlock which simply results in further deterioration of vision. The supply of necessary lenses should be free to all school children, as it was in Devon before the advent of the

Health Service, otherwise the primary object of the Ophthalmic Service is defeated.

I would again like to take this opportunity of expressing my thanks to the Health Visitors, the Head Teachers, and my Ophthalmic Assistant for their unfailing and cheerful co-operation and help.

Dr. Hutton.

I have been greatly impressed by the generous co-operation accorded to the School Ophthalmic Service during the past year by Health Visitors, and their assistants, Head Teachers and parents. This has been particularly noticeable (1) in Torquay (where vision testing has been carried out better than ever before, and Head Teachers of Primary Schools visited for the first time have taken special trouble to provide every facility that circumstances would allow), and (2) in some of the more remote parts of the County (where Health Visitors have kindly shepherded into Clinics important cases from outlying areas, and Head Teachers of Secondary Modern Schools have, on their own initiative, provided lunch and accommodation for children attending Clinics in their Schools).

Though every school has been visited at least once during the past year more children have been asked to attend Fixed Clinics than ever before, and the response has been very gratifying. It is on co-operation of this sort that the success of the School Ophthalmic Service largely depends, and I would like Head Teachers, Health Visitors, and others to know that the efforts they have so cheerfully made have been appreciated and have helped to produce good results.

You will be interested to learn that during the past year three cases of retrolental fibroplasia—the new disease causing blindness in a small proportion of very premature infants were referred to School Ophthalmic Clinics in my area from the Child Welfare Department. Also an unusual case of trachoma occuring apparently spontaneously in an adolescent girl, which case was subsequently shown at the West of England Ophthalmological Society Meeting in Exeter.

However for the most part the routine work of the Service has continued on the lines detailed in previous Annual reports. The types of free glasses available to school children, the prices of non-free types, and the procedure for obtaining eye examinations and glasses have continued without any significant change.

MINOR AILMENTS.

"Number of defects treated or under treatment during the year by the A.C.M.O's or Health Visitor/School Nurses at the Clinics or elsewhere."

Skin.	
Ringworm—Scalp	3
Body	115
Scabies	108
Impetigo	773
Other Skin Diseases	1,328
Eye Disease. (External and other, but excluding errors of refraction, squint and cases admitted to Hospital)	1,011
Ear Defects. (Treatment of serious diseases of the ear, e.g., operative treatment in hospital, is not recorded here)	670
*Nose and Throat Defects	207
*Orthopaedic	257
Miscellaneous. (e.g. minor injuries, bruises, sores, chilblains, etc.	10,397
Total	14,869

A total of 38,540 attendances were made at Minor Ailment Clinics—including Remedial and Posture Exercises Clinics.

* This is an incomplete figure—some Nose and Throat and Orthopaedic defects having been included under Other Defects and Diseases. This matter is being adjusted for the year 1953.

Clinics.

The names and addresses of the various clinics are as follows :

Name	Address	Type
Alphington*	Elementary School	Minor Ailment
Appledore*	Baptist Chapel	Minor Ailment
Ashburton	Grammar School	Minor Ailment
Axminster	Secondary Modern School	Minor Ailment
Bampton*	Gospel Hall	Minor Ailment
Barnstaple	Ashley Road Hut	Minor Ailment, Immunization & Dental Clinic.
Barnstaple	Boutport Street	Speech Child Guidance Immunization & Vision

Name	Address	Type
Bideford	Grammar School	Speech
Bideford	C/E. Institute	Minor Ailment
Braunton	Parish Hall	Minor Ailment
Brixham ..	Church House	Minor Ailment and Vision.
Buckfastleigh	Council School	Minor Ailment
Budleigh Salterton*	Church Institute	Minor Ailment
Colyton*	Youth Club, High Street	Minor Ailment
Combe Martin	Junior School	Minor Ailment
Crediton	Newcombes	Minor Ailment Dental, Speech and Vision
Cullompton*	Parish Room	Minor Ailment
Dartmouth	Mayors Avenue	Immunization, Dental, Minor Ailment and Vision
Dawlish*	The Knowle	Minor Ailment and Vision
Exeter ..	Alice Vlieland Centre ..	Child Guidance, Dental (Orthodontic), Speech and Vision.
Exeter	Royal Devon and Exeter Hospital	Dental " Gas " (Occasional)
Exmouth ..	St. Clements, Exeter Road ..	Minor Ailment, Vision, Dental, also Remedial and Breathing Exercises.
Fremington*	Parish Hall	Minor Ailment
Holsworthy*	Chapel Street Schoolroom	Minor Ailment and Speech
Honiton	Secondary Modern School	Minor Ailment and Vision
Honiton	Wesley Hall	Speech
Horrabridge	Church Room	Minor Ailment
Ilfracombe	4, Market Street	Minor Ailment, Vision, Speech, Immunization and Dental
Ivybridge* ..	Methodist Sunday Sch. Room	Minor Ailment
Kingsbridge ..	Greenhill	Minor Ailment, Vision, Dental and Immunization, also Remedial and Breathing Exercises.
Lynton*	Methodist Church Hall	Minor Ailment
Morchard Bishop*	Memorial Hall	Minor Ailment
Newton Abbot	Glencoe, Courtenay Park	Minor Ailment, Vision Speech, Dental and Immunization
Newton Abbot†	Meadowside	Minor Ailment
Okehampton*	Fairplace Methodist Rooms..	Minor Ailment
Okehampton	Old Grammar School	Speech

Name	Address	Type
Paignton	Central Clinic, Midvale Road	Minor Ailment, Vision, Dental and Speech, Immunization
Paignton	Hayes Road	Minor Ailment
Plympton	Congregational Hall	Minor Ailment
Plympton	Secondary Modern School	Speech
Plympton	Primary School	Speech
Plymstock	Secondary Modern School	Minor Ailment, Vision, Remedial and Breathing Exercises, Immunization, Dental and Speech
Roborough ..	Recreation Hut	Minor Ailment
Saleombe*	Cliff House	Minor Ailment
Seaton*	Women's Institute	Minor Ailment
Sidmouth	Woolcombe House	Minor Ailment
South Brent*....	Church Hall	Minor Ailment
South Molton*	99, East Street	Minor Ailment and Immunization, Speech, Dental and Vision
South Molton*	Secondary Modern School ..	Minor Ailment
Tavistock	Church Hall, West Street	Minor Ailment, Vision, and Speech
Teignmouth	St. James Parish Hall	Minor Ailment
Tiverton	St. Andrew Street	Minor Ailment, Dental, Speech, Remedial, Immunization and Vision
Torquay	Castle Road Clinic	Minor Ailment, Speech, Dental, Immunization, Child Guidance and Vision
Torquay ..	Barton Clinic	Minor Ailment, Dental, Speech and Immunization
Torquay† ..	Audley Park	Minor Ailment and Immunization
Torquay† ..	West Hill	Minor Ailment and Immunization
Torrington	Church House, New Street	Minor Ailment
Torrington	Secondary Modern School	Speech
Totnes*	Borough Park	Minor Ailment, Dental and Immunization
Whimple*	The Shaek	Minor Ailment
Woolacombe*	Methodist Hall	Minor Ailment
Yealmpton*	Chapel Rooms	Minor Ailment

*Medical Officer's Short Session Minor Ailment Clinic prior to Child Welfare Session.

†School Nurse only.

In addition there are some Ophthalmic Clinics held separately. They are, of course, conducted by the School Ophthalmic Surgeons of the Regional Hospital Board.

A Minor Ailment Clinic was commenced at the South Molton Modern Secondary School on 24-1-52 and a "Half-hourly" Clinic at Roborough on 17-7-52, whilst the Clinic at Modbury was closed on 24-6-52.

The Speech Clinics at Okehampton and Honiton were moved to new premises on 26-9-52 and 26-5-52 respectively.

GENERAL HOSPITAL TREATMENT.

The difficulty of getting reports on the admission and discharge of children to and from Hospitals still persists in some areas, as there is no national machinery which ensures that the School Medical Officer of the area shall be informed of the treatment given to school-children at Hospitals.

SPEECH THERAPY.

The County is divided into three areas for the purpose of Speech Therapy and the following Table shows the work done by the three Therapists :—

A.		
1.	Cases in attendance or on the Register at the beginning of the year	213
2.	New cases during year :	
	(a) Initial	133
	(b) Other	—
3.	Total Number dealt with	328
4.	Number of attendances	4,664
5.	(a) Discharged	64
	(b) Left (including transferred)	24
6.	Cases improved but not yet ready for discharge ..	238

Types of Speech Defect or Disorder dealt with (*Classified according to the predominating aspect of the disturbance*).

B.		
1.	Defects of Articulation—e.g. Dyslalia	142
2.	Defects of Voice—e.g. Excessive Nasality	11
3.	Defects of Language—e.g. Aphasia	12
4.	Defects of Communication—e.g. Stammer	152
5.	Multiple Defects—e.g. Cleft Palate	26

The following are the remarks of the Speech Therapists on their work amongst the children :—

Miss D. M. Dickinson, (Central and S. West Area).

I should like first to thank the Medical Department, A.C.M.O.'s, Health Visitors and Heads of Schools in my area, for the help and consideration they have given me, since I was appointed Speech Therapist for the Central and S. West area of Devon, in March.

In September, the clinic at Okehampton was moved to more satisfactory accommodation in the Fairplace Methodist Hall.

I find that with this clinic and the Crediton and Holsworthy clinics the arrangement of satisfactory transport for isolated cases to and from the clinic, is a frequent problem.

I note that the percentage of stammers in these three clinics is considerably lower than that in the Plympton, Plymstock and Tavistock Clinics and the proportion of dyslalia slightly higher.

I look forward to making further use of the Speech Recording Apparatus which has been of interest and some help this year—if a little unreliable.

Miss P. M. Dunn, (South Devon Area).

The total number of speech therapy cases dealt with in South Devon in 1952 was 86, as opposed to 101 in 1951. This has been due to the increased number of patients requiring a long period of treatment. Among the dyslalia children admitted to the clinics, there has been a larger proportion of those with dull mentality, and therefore progress was much slower. Several young children referred have been shown, after intelligence tests have been carried out, to be too backward mentally to be able to respond to speech therapy. One of the hardest parts of a speech therapist's job is having to refuse to treat a child because he or she is mentally unable to respond.

Also there has been an increase in cases of stammering. This does not mean that more children are stammering, but that more have been referred and subsequently admitted to the clinics. Many of these have been successfully treated in groups, but the children included in the groups have to be carefully selected, as the individual problems must be carefully considered. Cases of stammering also require longer periods of treatment as a general rule.

I would also like to comment on the co-operation I have received on all sides, and especially the interest shown by the teachers in cases of speech defective children. Both head teachers and class teachers have frequently given up extra time to help the children and to practise exercises with them that would otherwise be neglected.

Miss M. J. Perry, (North Devon Area).

The speech clinics in the Northern Area were closed for over twelve months, re-opening again in March, 1952. During this interval, waiting lists reached formidable numbers, but these have now been considerably reduced. Attendances have been fairly good, considering the long time that had elapsed since clinics were held regularly, and, on the whole, parents and children alike have been anxious to make use of the speech therapy service.

From June, the session at Torrington Clinic was reduced by one hour in order that the half-day session at Bideford clinic could be lengthened by the same time. This has eased the situation slightly, in a district where there are a large number waiting for treatment, and where clinic accommodation is not good.

It is to be hoped that, in future, more children will receive treatment while still attending the infant and junior schools. At present, far too many children reach the secondary schools before they have the chance to attend a clinic. By this time, both the speech defect, and the problems and difficulties accompanying it, have become more deep-rooted ; but the majority of these children have, themselves, been ready to co-operate, indicating their need and appreciation of help.

I should like to thank all Health Visitors and Assistant County Medical Officers for their help in initiating me into my work, and the staff of schools for their kind co-operation. Now that the speech clinics are again functioning, and interest is increasing, there is every prospect, that, in the coming year, a more satisfactory service will be provided.

SANATORIUM TREATMENT AND REPORTS FROM CHEST PHYSICIANS

I am indebted to **Dr. R. L. Midgley, Consultant Chest Physician to the Exeter Clinical Area,** for the following information with regard to the work carried out on children admitted to the Hawkmoor Chest Hospital, during the year, 1952.

Children's Report for Year Ended 31.12.1952.

There were six children of school age in the Hospital on 1.1.1952, eighteen were admitted during the year, and six remained in the Hospital on 31.12.1952.

These children were grouped clinically as follows :—

Tuberculous Cases.

R.A.1.	3
R.B.1.	3
R.B.2.	2
R.B.3.	4
N.R.B.	3

NON-TUBERCULOUS CASES.

Bronchiectasis	4
Bronchitis	1
Foreign Body in Bronchus	2
Mediastinal Lymphadenitis	1
Tracheo-Oesophageal Fistula	1

(1). TUBERCULOUS CASES.

*Group R.A.*1.

One child in this group was X-rayed as a contact of her mother and found to have a minimal lesion, which is resolving on bed rest.

The second case was one of primary tuberculosis who attended the same school as a case quoted in Group R.B.3. He was removed from hospital before treatment could be completed, at the parents request and against medical advice.

The third case was a contact of a tuberculous aunt, who was found to have a right-sided pleural effusion. This resolved on bed rest.

*Group R.B.*1.

One was a case of contact examination who subsequently developed progressive infiltration of the left lung. This has been treated by artificial pneumothorax and adhesion section, with satisfactory result.

Another case in this group was discovered on X-ray as a contact. The patient was found to have infiltration in the lungs, which responded to bed rest.

The third case was X-rayed as a contact and found to have a lesion in the right lung. This was treated by artificial pneumothorax, with good result.

*Group R.B.*2.

One case in this group was a tuberculous contact who was admitted to a general hospital for abdominal symptoms. He developed a cough, was X-rayed, and found to have a right pleural effusion. He was admitted here and treated with bed rest, with satisfactory result.

The other case in this group had tuberculosis of the left lung, with a positive gastric residue examination. She was treated with bed rest, with only slight resolution of the lesion. The patient was removed from Hawkmoor at the parents' request.

*Group R.B.*3.

One case presented in August 1951 with erythema nodosum, and the following December was found to have consolidation of

the right upper lobe, with cavitation, and a t.b. positive sputum. She is now being treated with postural retention and chemotherapy.

Another case was admitted with a right pleural effusion, atelectasis of the whole of the right lung, and apparent cavitation. He was treated with bed rest and chemotherapy, with almost complete restitution to a normal condition.

The third case has been under observation as a contact of her mother. She was found to be developing progressive pulmonary tuberculosis and was treated with a left artificial pneumothorax and adhesion section. This is the youngest age (7 years) at which this treatment has been attempted in this Hospital, and so far the result has been good.

The fourth child was X-rayed as a contact of her mother and found to have advanced pulmonary tuberculosis. She has been treated with bed rest and chemotherapy with considerable improvement, but the prognosis is doubtful. As this child was at school until a week before her admission here, she presented a considerable public health problem, necessitating the examination of every pupil in the school, and this brought to light other cases.

Group N.R.B.

The three children in this group had tuberculous cervical glands. In each case the glands were removed at operation, and tubercle bacilli were recovered from all three on bacteriological examination. All three cases have made satisfactory progress.

History of Contact.

Of the 15 children suffering from tuberculosis, 9 had a history of contact with an open case of tuberculosis. No definite evidence of contact could be established for the remaining 2 pulmonary cases, or for the 3 gland cases.

One cannot emphasize again too strongly the importance of the contact work carried out by the Chest Physicians, and the grave risk to which children are exposed who have to live in contact with open cases of tuberculosis. B.C.G. vaccination of infected contacts is being actively carried out in all parts of the county, and it is hoped that this, combined with the improved chances of segregating infectious persons which additional beds are providing, will bring about some amelioration in this serious state of affairs.

(2). Non-Tuberculous Cases.

The four cases of Bronchiectasis received surgical treatment for this condition.

The case of bronchitis was admitted for investigation. Bronchography confirmed the presence of bronchitis only.

Two boys were admitted for the removal of foreign bodies in the bronchi, which was effected by thoracotomy in each case.

One child was found to have mediastinal lymphadenitis, considered to be tuberculous in nature. She was treated surgically and subsequently received sanatorium convalescence.

The remaining case was a new-born baby with a tracheo-oesophageal fistula, which was repaired.

All these children did well, with the exception of the baby which died some days after operation of cardiac failure.

DISCHARGES.

Tuberculous. Of those discharged during the year, four were fit to attend school, one was under school age, and four were unfit to attend school.

Non-Tuberculous. Of those discharged during the year, seven were fit to attend school, one is receiving sanatorium convalescence, and one died as mentioned previously.

LENGTH OF STAY.

The average length of stay in the Hospital was 33 weeks for the Tuberculous cases, and 5 weeks for the Non-Tuberculous cases.

The following details have been supplied by the **Chest Physicians** :—

Dr. A. J. McMillan. (*Barnstaple Area*).

During the year 1952 a total of 264 primary examinations and 959 re-examinations were made of children of school and pre-school age ; made up as follows :—

Primary examinations—	Contacts	134
	Non-contacts ..	130
Re-examinations—	Contacts	450
	Non-contacts ..	509
	Total ..	1,223

Of these, 19 were found to be suffering from Tuberculosis, as follows :

	Boys.	*Girls.*		
Pulmonary ..	9	3	primary T.B. infection	6
			primary T.B. pleurisy with effusion ..	6
Non-pulmonary ..	4	3	cervical adenitis ..	6
			glands	1
	13	6		19

Tuberculin tests were carried out in connection with Chest Clinic as follows :—

220 Jelly Tests on contacts.
203 Mantoux tests in connection with B.C.G. vaccine.
Approximately 1,000 X-ray examinations of children and over 500 E.S.R.

A number of consultations with the Thoracic Surgeon concerning children with bronchiectasis were held during the year.

During the year three cases of open Pulmonary Tuberculosis were found in three different schools in the area.

The first case was a girl of 13 attending a Secondary Modern School. Contacts were Jelly tested by the S.M.I. and 28 positive reactors were examined at the Chest Clinic.

The second case was a Sister in a Convent School. As the number of possible contacts was large, the help of the M.R.U. from Plymouth was enlisted, and a total of 65 children and 20 members of staff were examined by the unit.

The third case was a teacher at a C/E Junior School who was found to have active Pulmonary Tuberculosis on examination as a contact of his brother. Contacts were Jelly tested by the S.M.I. and as there were over 50 children and staff to be examined the M.R.U. from Bristol was enlisted.

The finding of open Tuberculosis in three school teachers during the past two years in this area alone emphasises the necessity of periodical X-ray examinations of school staff.

Dr. G. E. Adkins. (*Exeter Area*).

A total of 708 children were examined during the year, as under :—

Primary examinations—	Contacts ..	127	(174)
	Non-contacts ..	119	(121)
Re-examinations	Contacts ..	335	(374)
	Non-contacts ..	127	(118)
	Total ..	708	(787)

(The figures enclosed in brackets relate to those for 1951)

At the beginning of 1952, thanks to the improved X-ray facilities made available in the previous 12 months, the position as regards examination of contacts and other children was very satisfactory. But early in the year a severe shortage of X-ray films brought these examinations to a virtual standstill, and although the supply position has eased considerably, we face 1953 with the majority of re-examinations at least six months overdue, and a corresponding reduction in other aspects of the work. The position would be worse if it were not for the co-

operation of the Mass X-ray Unit when in the area, to get many of the older child contacts X-rayed.

The following tuberculous conditions were notified :—

"Adult" type pulmonary tuberculosis ..	3	(1)
Pleural effusion	1	(1)
Spreading primary focus	2	(3)
Tuberculous meningitis	—	(1)
Abdominal tuberculosis	1	(1)
Tuberculous cervical adenitis	3	(6)
Total ..	10	(13)

These figures show little significant change from those of previous years, but it is likely that the gradual metamorphosis from Tuberculosis Officer into Chest Physician brought about by the National Health Act is predisposing against cases of non-respiratory tuberculosis being referred to this Clinic, and it is believed that a large proportion of these cases are, unfortunately, not notified. With the lessening of the amount of tuberculous milk consumed by the child population, valuable help in case finding of open respiratory tuberculosis should be available from a fuller knowledge of tuberculous disease in children.

It is noticed that no cases of tuberculous meningitis or miliary tuberculosis were notified. Although it is too much to hope that this is a permanent feature of the figures, it may be an indication that the various methods of control with improvement in general living conditions, preventive medicine, and in treatment of sputum positive cases may be having their effect.

Of the three adult type cases one arose outside the area and another developed on a pleural effusion. The third case was in a girl of 13 years of age with extensive disease and a T.B. plus sputum, and it is surprising that the child could have continued to lead a normal school life. Many children in the school had previously been examined by a Mass X-ray Unit operating in the area, but after a suitable time interval the school was tuberculin jelly tested and all reactors re-X-rayed on the Mass X-ray which was still in the area. No further cases were found by this examination, but the child's sister and another close contact had been found to have lesions.

63 children have received B.C.G. vaccination with 100% conversion, and there is no significant change in the scheme. There is quite a pool of children now vaccinated who are due for annual retests, and as it is not practicable to bring them into this Clinic, many are being done at home by the Health Visitors, who are most interested in this new aspect of their work. In all but a very few cases children are positive to the jelly test, but some require further testing by the intradermal method.

The increasing use of tuberculin tests in connection with B.C.G. vaccination and in surveys of schools in conjunction with the Mass X-ray examinations, means that there are an increasing proportion of children in whom the tuberculin reaction at some stage of their life is known. This is valuable clinical information, and it is hoped that in due course it will be suitably recorded and readily available when any child requires medical investigation. Ideally, tuberculin testing might form part of the routine examination of school entrants, and be repeated, if not annually, at least at the routine examinations, but this is an administrative problem of greater complexity than appears at first sight.

Dr. Wyndham E. B. Lloyd. (*Torquay Area*).

The year 1952 showed a considerable increase in the number of children examined for the first time and a total of 346 was seen. Of these 192 came as "contacts," 10 came through the school medical service, 13 were prospective migrants to various parts of the Commonwealth and the remaining 131 were sent by private doctors. Many of these children were seen more than once. In this year it was found possible to have as many as 28 special sessions for contacts only, for the most part children, thus avoiding all possibility of their coming into touch with known or suspected tuberculosis at the clinic.

The following tables outline the 1952 findings and those for 1951 are given for comparison :—

	1951	1952
Primary lung tuberculosis	4	7
Pleural Effusion	2	2
Adult type lung tuberculosis	2	2
Miliary tuberculosis and meningitis ..	1	1
Glands of neck	1	10

Among the non-contact cases, there was but one of lung disease, a primary one sent for treatment from another area. He is now well and has gone home.

Among the *contact* cases, there were six of primary lung tuberculosis. Of these, four, as well as one adult type case and one of pleural effusion, were all traced to a common source of infection in an adult. Indeed these children were in fact picked up by intensive contact examination. The other case of adult type disease occurred in a boy known to have incurred primary infection over a year ago and under observation for that reason. Both patients went to Hawkmoor. The second remains there but the first was taken home before treatment had been completed.

This last case was originally found as a contact of her mother. She was attending school at the time and was very infectious. She and her mother were admitted to Hawkmoor as an urgent matter of public health on the following day. The whole of her class mates were X-rayed, thus bringing to light four cases of

primary lung tuberculosis. Dr. Solomon undertook first the jelly testing of the whole class and found 93% positive. This figure is much higher than could have been expected from the figures of the 1948 survey of children in Devon. He thereupon proceeded to the skin testing of the whole school and found 79% positive. The help of the Mass Radiography Unit was then sought and Dr. Sheers kindly brought his unit to the school, where the whole of the school, pupils, teachers and domestic staff, were X-rayed ; 371 individuals in all. This survey brought to light one case of pleural effusion from the original class. He was sent to Hawkmoor but taken away against Medical advice and is still under treatment at home.

All the primary cases were treated in their homes. The one case of miliary tuberculosis also had meningitis. She was very ill when first seen and was sent for urgent treatment to Bristol but died there.

The position, compared with the previous year shows a marked increase in the primary infections and in the number of gland cases. The former can be accounted for by the presence of the one infectious child in a large school. The gland cases were 10 as compared with 1 in the previous year. This calls for comment. It is significant that all but two occurred in one small geographical area. The milk supply is being thoroughly investigated. Of the other two, one came from outside the county. Two gland cases have been treated surgically at Hawkmoor with good results.

Tuberculin jelly testing was carried out on all child contacts as well as sick children. In all 345 children were tested, some more than once, making 480 tests in all. The total number of positive reactions was 219, but this included 66 who converted to positive after B.C.G. inoculation.

Sixty-seven children were inoculated with B.C.G. All but one converted to tuberculin positive within six weeks. Again the co-operation of the Health Visitors was of outstanding value in the B.C.G. campaign ; indeed without them it would not be possible to conduct this immunising campaign at all. The regular attendance of Miss Andrews at the Chest Clinic formed a valuable link in the organisation.

	1951	1952
Preliminary tuberculin tests	274	345
Repeat tuberculin tests	145	135
Successful B.C.G. conversions	81	67

During 1952 a new method of co-operation with the School Doctor was adopted. A monthly list of all children seen, their schools they attend, the reason for their coming to the chest physician, the findings and the results of the tuberculin tests are sent to the County Medical Officer who passes the information to the responsible school doctors. Fuller details of any individual

case can be had from the chest clinic at the request of the school doctor.

Dr. J. C. Mellor. (*Plymouth Area*).

A good liaison between the School Medical Officers and the Chest Physician was maintained throughout 1952. A number of cases were referred to the Chest Clinic. Cases were referred chiefly under two headings, viz. Glands of neck, and/or chronic cough, and not gaining weight. In dealing with these cases reports were sent to the private practitioners with a copy of the letter to the S.M.O.—for information and the necessary action. A similar procedure was adopted, i.e. copy to School Medical Officer when cases were previously referred by the private doctors, who still do, in the main, refer school children.

In very few cases was any action necessary beyond periodic surveillance, although a number of cases had a period of convalescence with very marked benefit at one or another of the various institutions. There is still considerable reluctance on the part of the general surgeons to perform radical excision of glands of neck and such cases are catered for at Hawkmoor Sanatorium.

The only case in a schoolchild worthy of special note was a sputum positive adult-type of lesion in a girl of eight years from the R.A.F. Station, Collaton Cross, and attending Newton Ferrers School. This girl is now in Hawkmoor Sanatorium and the examination of all contacts is still in progress.

CHILDREN'S HOMES AND NURSERIES.

My report of last year detailed the duties of the Assistant County Medical Officers in regard to the Homes in the care of the Children's Committee. The same system continued during this year. Examinations of children at residential homes and nurseries carried out by this Department numbered 633.

Oaklands Park, the residential home maintained by the Health Committee at Dawlish, for children whose health would be improved by a change, continued to function throughout the year. Mrs. Ruddy, who has been Matron since the Home was founded in 1942, retired during the year, and was thanked by the committee of the Home on her departure, for the splendid work which she had done. Her place was taken by Miss Whelan, the Deputy Matron. As the vast majority of children admitted come from schools which are administered by the Education Authority the following table is given :—

Number of recommendations for admission received	127
Number of school children admitted for the first time during the year	124
Number of children re-admitted	5
Average length of stay	12 weeks, 4 days.
Average gain in weight	5 lbs. 4½ ozs.

CONSULTATION SCHEMES.

The records of children referred to Consultants were as follows :—

(*a*)	Child Guidance	138
(*b*)	Chest Physicians	74
(*c*)	Ear, Nose and Throat Surgeons ..	667
(*d*)	General Physicians	20
(*e*)	General Surgeons	32
(*f*)	Dermatologists	53
(*g*)	Orthopaedic Surgeons	325
(*h*)	Ophthalmic Surgeons	28*
(*i*)	Cardiologist	29
(*j*)	Paediatrician	13
(*k*)	Any other	8
	Total ..	1,387

*These were cases specially referred for consultation.

INFECTIOUS DISEASES IN SCHOOLS, AND IMMUNISATION.

Notifications of the absence of children from school on account of infectious or contagious diseases during the year were as follows :—

Chicken Pox 1,900, Conjunctivitis (Acute) 64, Diphtheria 3, Gastro-Enteritis 1, German Measles 226, Measles 909, Mumps 1,779, Scarlet Fever 159, Septic Tonsillitis 6, Skin Diseases 39 (Ringworm of Body 14, Scabies 4, Impetigo 21), Whooping Cough 444, Other Diseases 107. (Total 5,637).

It is fortunate to be able to report that there were again no school closures on account of outbreaks of infectious diseases. Reinforcement doses of diphtheria antigen were given shortly after children entered school and also before leaving the primary school for the secondary school. A total of 8,134 were given during the year.

EMPLOYMENT OF SCHOOL CHILDREN OVER 12 YEARS OF AGE.

No. of cases examined by Asst. C.M.O.'s.	732
No. of cases examined by private doctors	30
No. of cases found unfit for Employment, or who were refused Employment on other grounds	4
No. of cases in which Employers were prosecuted for offences against the Authorities Employment Bye-Laws under Sec. 18 of the C. & Y.P. Act, 1933	1

PRIVATE SCHOOLS.

At two Convent Schools in the County certain children participate in the Devon County Council's School Health Scheme.

Twenty-seven children received 'Periodical' Medical Examinations, there were no 'Special' Examinations, but 21 'Re-examinations' were made. Of the children who received 'Periodical' Examinations, 3 were found to require treatment.

COMMENTS FROM ANNUAL REPORTS OF INDIVIDUAL ASSISTANT COUNTY MEDICAL OFFICERS.

Dr. L. G. Anderson, (*Exmouth—part of, Budleigh Salterton, and St. Thomas R.—part of*).

CLOTHING.

On the whole the standard of clothing of the children examined was very satisfactory. It has however been disappointing to note that there remains still a rather large number of senior boys who will not wear underpants. Every opportunity has been taken to impress on those boys and their parents the importance of personal hygiene and with the co-operation of the head masters I hope the position will improve during the coming year.

CLEANLINESS.

With the exception of a small number of persistent offenders the general standard of cleanliness has remained satisfactory.

POSTURE—PES VALGUS—PES PLANUS.

I should like to record my appreciation of the interest taken by the Physical Education Staff of the Exmouth Secondary Modern School for Girls in the above mentioned conditions. An excellent spirit of co-operation exists between the staff and the Medical Department which results in the maximum benefit being obtained by the children from their regular physical education activities.

Dr. M. E. Budding, (*Tavistock—Plympton—Holsworthy Area*).

The year 1952 has been one of consolidation rather than expansion, although one or two new ideas have been tried out. All schools have been inspected and the children in appropriate age-groups examined. At the medical inspections most parents now know me through the C.W.C's or older children and are often quite glad of the opportunity of asking questions and receiving advice.

Clinics.

Two new half-hourly school clinics have been started, and these are held before the Welfare Centres at Horrabridge and Roborough. Although small, they serve a useful purpose.

Classes for remedial exercises have been started at the Tavistock Grammar School with the co-operation of the headmaster and games-mistress. It is hoped that these classes will be useful in preventing minor postural defects, particularly in adolescent girls, from becoming permanent.

School clinics have also been used for Mantoux testing, pre-B.C G. vaccination by the Chest Physician.

It is a pleasure to record that the girls in the Secondary Modern School at Holsworthy have lessons on ' Baby-care ' and visit the local Child Welfare Centre in small groups, where the Health Visitor has been able to give them small demonstrations and also talks.

Cleanliness and Verminousness.

We appear to have reached a stalemate as far as verminousness is concerned. There are very few such children now, but unfortunately it retains a stronghold in these few, usually mentally poor families, and until some pressure can be brought to bear on the *whole* family including parents and older children who have left school, forcing them to be cleansed, then the problem will be for ever with us. It is unfortunate that school nurses have to spend so much of their limited time on such an unsatisfactory few and to so little permanent effect.

The provision of facilities for cleansing is not enough and it is important that we should continue to teach in school, and particularly in the Infant Schools, the rudiments of hygiene.

Skin Lesions.

Again the most prevalent appear to be impetigo and urticaria. The former was markedly increased, particularly among better class children, this autumn. Urticaria still remains one of the most ' annoying ' minor ailments, and sometimes more unpleasant in a debilitated child, who scratches, and then develops septic lesions.

Leavers.

I feel that more use could be made of us regarding suitable occupations for children on leaving school, though in some places the M.O. is very frequently asked, both by the authorities and by the parents, for advice. In addition to suggesting unsuitable occupations one can quite often suggest one or two satisfactory alternatives. It is disappointing to find how few children have any idea of what they want to do ; they are quite apathetic about it even in their final term at school.

Diphtheria Immunisation.

It is noticeable that in the 10-year old age group medical inspections almost 100% were immunised as babies This, I presume was largely due to the war and fear of epidemics brought by evacuees. Out of this age group about 20-40% refuse re-immunisation (according to urban or rural areas respectively), but give no valid reason for so doing. As I believe 75% of the community must be immunised to maintain the freedom from active infection, it would appear that in common with the rest of the country, the level is dropping.

Infectious Diseases.

There have been epidemics of measles, chicken pox, German measles and mumps, but few of very great severity with complications. Scarlet Fever is raising its head again, with small outbreaks but of only mild severity.

Schools.

The dinners, where they are prepared and served on the spot, are of high quality and have markedly improved the health of several families apart from maintaining a good level among the rest. The preparation and serving is of a high standard of cleanliness. If I may be allowed one small comment : I do not like to see vegetables occasionally prepared the day before, and left soaking overnight. However, in spite of that I should like to see every child having dinner as above, but our ' bad ' families are the ones who do not have them, largely because when faced with a decent meal they prefer a cup of tea and a ' fancy ' at a cost of 6d. in a local cafe.

In one area complaints were made that the school milk was turning sour rapidly. The bottles were found to be chipped and dirty and milk samples unsatisfactory. The milk supplier was changed.

Educationally Subnormal Pupils.

Despite the admission of some boys to Bradfield and a few girls to Withycombe, there remain a large percentage of borderline E.S.N. pupils and also pupils whose parents refuse to let them go away for whom there is little or no provision made at all. In the few schools where a master or mistress has been specially trained the ' backward ' class has proved invaluable and the results are frequently very rewarding.

I am delighted to report that we are fortunate in now having Dr. Jolly as Paediatrician in this area, who, as we all know, is most helpful and co-operative to us all ; we also have Miss Dickinson as Speech Therapist, and in Tavistock and Plympton,

Mr. Dally as School Dentist, using the new Mobile Dental Unit. Thus Holsworthy and Broadwoodwidger areas are the only ones without a dental officer.

Finally, my work would be quite impossible to carry out without the willing assistance of the Health Visitors, School Nurses and Teachers, whom I wish to thank.

Dr. T. J. Davidson, (*Bideford Area*).

School Health work in my area has been of a routine nature. There have not been any unusual occurrences during the year. The health of the school children is good. Under the National Health Scheme school children are under the medical care of their own doctor. The standard of this 'medical care,' as reflected in routine school medical inspections is very high indeed. Very few children require to be referred for the treatment of physical defects, which should have, but have not received medical attention. A few cases of enlarged tonsils and minor orthopaedic defects make up the bulk of cases referred for treatment. Children who are not gaining in weight are referred to the Chest Physician for check.

I have seen the children of the South Molton Secondary Modern School in both their old and new surroundings. They have the same Headmaster, and, as far as I know, there has been little material change among the other members of the staff. There is, however, a marked change for the good in the general appearance and conduct of the children. They have developed a pride in their school and in themselves, associated with a bright and cheerful outlook on life at school and on life in general. This is an excellent thing and augers well for the future of these children. This change would appear to be due to the fact that these children are now being accommodated and taught under modern up-to-date conditions. It is a pity that it has not yet been possible to provide schools on this scale in Bideford.

Most schools have at least one problem family. The set-up has a sameness—the children are members of a large family; are Educationally Sub-normal in varying degrees, dirty and indifferently clothed. Home conditions, on investigation, are found to be difficult due mainly to the parents inability to manage their own affairs. It is a difficult problem to tackle but from the consistency in which one finds the trouble originating in the home, the solution would appear to lie in trying to improve home conditions. I feel that the best chance of success in this is to try to concentrate on the education in home management of the E.S.N. girls while at school. These girls are likely to be the mothers of the problem families of the future and if they can leave school with some sound ideas on how to look after a home material benefit should accrue.

Dr. H. M. Davies, (*Newton Abbot Area*).

One visit to each of the twenty-seven schools in the area was made during the year. At each visit, a full periodic examination was made and an inspection was also made of those children in whom a defect was noted previously as requiring observation. It was not found possible to make special visits for these ' follow-up ' cases.

Routine examinations are at present made at the age of 5, 10, 12 and 15 years. The examination at the age of 12 years is, in my view, of little value, and I think that the time used for this could be put to better use by following up those cases which are in need of frequent re-inspection.

Infectious Diseases.

Acute Poliomyelitis.

Three cases of Acute Poliomyelitis were notified in children of school age in the Urban District of Newton Abbot during the year 1952. All attended different schools and all made a good recovery.

Whooping Cough.

The most prevalent of the Infectious Diseases was Whooping Cough and forty-four cases were notified in respect of school children. The outbreak began in January and sporadic cases continued to be notified until July.

Measles.

Very few cases of Measles were reported and in view of the high incidence of the disease during 1951 this was not unexpected.

Scarlet Fever.

Ten cases of Scarlet Fever occurred in the school children in my area. The attacks continue to be of a very mild nature.

Of the unnotifiable diseases the only one which was at all prevalent was Infective Hepatitis.

Defects Discovered at Medical Inspection.

I continue to find that the most common defects found at medical inspections are those of the ears, nose and throat, the minor orthopaedic defects and dental caries.

Cleanliness.

Fortunately few cases of verminousness are now discovered. The general cleanliness of the children in this area is good. It is still no rare thing to find a child who admits to having no tooth-brush.

Diphtheria Immunisation.

This was interrupted for a period of about three months in view of the prevalence of Acute Poliomyelitis in the area. One finds that this leeway is difficult to make up but every effort will be made to do so.

There is a definite feeling of complacency arising in the minds of the parents of the children in this area owing to the fact that no cases of diphtheria have occurred for seven years.

Once again I express my thanks to the Health Visitors, Nursing Assistants and Head Teachers for their assistance and co-operation during the year.

Dr. A. Dick, (*Paignton Area*).

I do not appear to have anything noteworthy to say on any of the findings of medical inspection, the routine of which has proceeded much as in previous years. Nutritional condition and cleanliness have both been well maintained. The Assistant School Nurse, Mrs. Grant, has been specially painstaking and conscientious in visiting and treating those families in which head and body uncleanliness recurs almost unfailingly from time to time. The results and effect of this attention are not obviously apparent to non-professional people : but it means that there are no reservoirs of infestation to affect the great mass of children, so that there are no complaints from cleanly parents.

The number of sessions available for medical routine and re-inspections has been forty-five of which eight were conducted by Dr. Epstein in my absence due to illness but five sessions have been given to Clinics in other areas. One hundred and fourteen children have been immunised against diphtheria. Twenty-two special cases (handicapped pupils)—not including children seen for Speech Therapy or Oaklands Parks—have been either visited or given special sessions at the School Clinic.

Dr. D. Green, (*Honiton Area*).

There are few children only who do not have school meals now.

Defects of feet and eyes appear to be receiving treatment earlier, and in consequence fewer untreated defects are found at school entry age than was the case a year or two ago. There is, however, still too much reluctance to permit dental treatment—mostly among rural dwellers.

Tribute is due to the constant efforts of the Health Visiting Staff in seeking out and following up children needing treatment.

Dr. M. H. King, (*Ashburton, Brixham, Dartmouth Area*).

Attendance of Parents.

On the whole—excellent, but not at re-inspections when verbal notice is sent. As these are defect cases it is specially desirable that parents attend. As I previously reported, I believe the older children do not want parents present and may not deliver the information. On the other hand, I sometimes find that where the Head Teacher has broadcast that the School Doctor is coming I get a spate of parents attending with " special " cases, asking my advice when the child is already under the care of the private doctor—or should be !

Cleanliness—Body.

Generally very good—surprisingly so in some country areas where facilities for bathing are primitive. We are still far from the ideal conditions when children and parents are really clean conscious. A bath in thousands of homes is a weekly (or longer) major operation.

Face and hands get more or less adequate attention but not teeth, nails or ears.

I have found fewer cases of flea bites this year. When found I ask the Health Visitor or Nursing Assistant to visit the homes (taking D.D.T. powder). She usually reports overcrowding and bad housing conditions.

Cleanliness—Head.

Again I have not met a louse at R.M.I.* this year. The chronically dirty children have a certain amount of cleansing done before R.M.I.* at the M.A. Clinics. The Health Visitors show me their ' hopeless ' cases.

In every area we find these cases of chronic infestation. No matter how often the children's heads are cleansed they are reinfected. One is quite sure that the adults in these homes are the source of this. The prevailing fashion for permanent wave does not help in such families, as the hair once set is reluctantly combed or washed.

Clothing.

Majority very satisfactory. The so-called poorer families (often the thriftless) tend to overclothe the children in cold weather with layers of ragged woollens and to underclothe in summer again in ragged garments.

Skin Diseases.

I have not seen a case of scabies this year. There is the occasional mild case of impetigo. Prompt attention on the part

*Routine Medical Inspection.

of teachers and health visitors prevents the spread of this infection. Urticaria and Warts are the commonest skin disease found by me. No head ringworm and very few cases of body ringworm.

Tonsils and Adenoids.

I think fewer cases are being referred by me to E.N.T. Specialists. I find that many parents are convinced that sundry ailments will be cured by T. and A. removal and it is with difficulty that I can persuade them that specialist opinion is unnecessary.

Anaemia.

Prevalent in a mild degree.

Orthopaedics.

I find too many cases of defective posture, especially among adolescents. I am old-fashioned enough to believe that more could be done to improve this by instruction from teachers. Granted that, heredity, the child's general condition and past illnesses, etc., all may contribute, but surely these children can be helped by being taught how to breathe, stand and sit correctly. I find very few children who have even the vaguest notion of how to breathe properly. Infants could be instructed how to blow their noses ! Of course, ideally, the parents should take an active interest in the above. Few do. Correct posture is extremely important, as it effects adequate breathing, also, in adult life a straight back is a psychological asset.

Feet.

Having passed the war-time trouble of coupons and too expensive shoes—when children wore their shoes until they were too small or wore cast-offs, we are now faced with difficulties caused by high cost of shoe repairs, and, according to parents, poor quality in shoes supplied. Many children would be better going barefoot than wearing such dilapidated and down-at-heel twisted footgear, as they are wearing now.

General Physical Condition.

The physical condition of the children shows striking improvement through the years—thanks to many contributory factors, among them excellent school meals and milk, free supply of vitamins, iron etc., at school clinics to children requiring such treatment, improved (though very slowly) school buildings, and constant supervision by teachers, Health Visitors, Nursing Assistants, School Attendance Officers, and Assistant County Medical Officers, and, not least, and in this part of the County, the removal to new homes of families from houses which—in spite of their picturesqueness are as bad as the worst town slums.

A point noted by me re *general condition*—I have been working here for 6 years and I now have the opportunity of examining 5 year olds who have attended at I.W.C. regularly. I know many of these children very well and it is most satisfying to find them in excellent condition at R.M.I.* There is no doubt that the children who attend I.W. Centres throughout their pre-school years show benefit from this supervision.

Psychological Problems.

Theoretically much could be done by the school doctor re helping and advising the parents of problem children. With our present full programme time is not available. I doubt very much whether even if one did have time to go thoroughly into family histories, home environments, etc., one would do any good. The parents themselves are usually problems. I would rather we spent time on advising the adolescents. They are the parents of the future. At present they leave school with vague, if any, ideas of how to manage married life successfully, how to make a happy home, or how to bear and rear healthy children.

I wish to thank the Teachers, Health Visitors, Nursing Assistants, and School Attendance Officers in my area for their willing and courteous co-operation. Without this, no school medical work could be efficient.

Dr. M. S. O'Riordan, (*Okehampton—Crediton Area*).

1. No notable epidemics in areas of the ordinary infectious diseases, i.e., Chicken pox, Whooping Cough, etc.
2. Very few objectors. I encountered only two objectors to medical examinations during the year.
3. Nutrition still poor. By that, I mean that faulty diet is still widespread in spite of the advice offered at Clinics and the example of School Dinners still far too great a preponderance of carbohydrates in the diet ; lack of variety and of green vegetables and fruit.
4. Hygiene. I am of opinion that personal hygiene is still below par. In this matter I am amazed at the number of Secondary Modern Schools put up between 1932 and 1936 (or thereafter) which have a main water supply and with playing fields where the pupils are encouraged to play ' at home ' and ' away ' matches, and also take part in athletics, in which there is not as much as one single shower !
5. Transport. I note some of the anomalies of school transport, and express the opinion that parents would prefer all their children to have transport and would pay towards it.
6. Problem families. I consider that these are one of the most urgent of problems, as on an average, there is one such family in each village. They are usually the children of high-grade mental defectives, and the parent-craft in relation to diet,

*Routine Medical Inspection.

personal hygiene and clothing is appalling. Due to their low intelligence, neither the parents nor the children are capable of benefiting from advice, example, or help, in its present form.

Dr. N. Proctor-Sims, (*Tiverton Area*).

During the past year work has continued normally in this area, in all schools a routine medical inspection of all children reaching the various age groups has been done and children marked for observation have been seen twice. There have been outbreaks of whooping cough, mumps and chicken pox but no confirmed cases of poliomyelitis.

The health of the school children has been satisfactory on the whole, though in the over-crowded class rooms of the five and six year olds the child " who started a cold when he first came to school and has had one off and on ever since " is all too common. I find some parents and older children amazingly complacent about a chronic nasal catarrh, almost apparently regarding it as an inevitable birthright, but apart from those of allergic origin which are admittedly intractable, many of these catarrhs in adolescents can be cleared up by better bedroom hygiene and instructions not to sleep with the head under the bedclothes.

The bulk of the children are well nourished, generally well clad and frequently ill shod. The child wearing unsuitable or badly fitting shoes is not necessarily found in families in poor financial circumstances, more often where lazy and feckless parents regard ice-cream and " comics " as of more importance than sound footwear. Dirty feet are common among boys, even in grammar schools. Skin allergy is common, but is sometimes confused in summer and autumn with the depredations of the harvest mite.

Postural defects are, I think, the commonest trouble among adolescents and the suppleness, grace and poise of the children are in direct ratio to the skill and enthusiasm of the P.T. teacher and (children being incurably imitative) the example of good carriage set by all the staff.

In Tiverton the last half hour of the weekly minor ailment clinic is given up to a remedial exercise class, conducted by the Health Visitor, this I consider a very useful piece of work.

School dinners are satisfactory and I think the best are produced by schools which have their own cook, kitchen and canteen. I look forward to the time when all schools have a separate dining room; dinner served and eaten on desks in crowded class rooms is an unpleasant experience for both staff and pupils.

The time that has to be given to the ascertainment of educationally subnormal children continues to increase, often entailing many special journeys. A very small proportion of the children do in fact receive the special education recommended, either from lack of facilities or lack of parental consent. It seems to me that there is a case here for a " working party " to see how wastage of

time, effort and money can be avoided. At the risk of trespassing into our educational colleagues department I do think that special classes for backward children would be much more rewarding if started in the primary schools rather than in the modern secondary schools.

The refusal rate for diphtheria immunisation is low and the attendance of parents at medical inspections is very good.

I gratefully acknowledge the excellent co-operation of health visitors and teachers.

Dr. J. S. Rogers, (*Kingsbridge Area*).

1. *Posture, Flat Feet, etc.*

   These conditions, where amenable to remedial exercises, show marked improvement as a result of the excellent exercise sheets supplied by the Medical Department and the Exercise Clinics at Plymstock and Kingsbridge. On the whole, the parents and children co-operate very well in continuing the exercises at home.

2. *Tonsils and Adenoids.*

   It is becoming increasingly my practice to review those cases of enlarged tonsils and adenoids which are not grossly septic or obstructive up to a year or eighteen months before referring them to the E.N.T. Consultant.

3. I find increasing co-operation with the general practitioners in my area and I think I may say I am on friendly terms with all of them.

Dr. L. Solomon, (*Torquay Area*).

The following are some notes on the School Health work in the Torquay area in 1952 :—

1. *School Medical Inspections.*

   The school population of this area is 5,803. Routine and special examinations were carried out on 1,987 children, and re-examinations on 435 children. Many more parents attended the medical inspections by invitation than in previous years, and they were particularly welcome at the " Leaver " examinations, when medical fitness for particular employments and suitability of employments were discussed. Nine parents brought along under-school-age children for routine examination and advice.

2. *Consultation Clinics.*

   The minor ailment clinics, attended by the Assistant County Medical Officer at Castle Road and Barton, have become consultation clinics. Children were referred by family doctors, teachers, parents, and often from school medical inspections for more detailed follow-up examinations.

3. *Foot and General Posture.*

Special attention was again paid to foot and general posture at medical inspections, and 319 children were referred for special remedial exercises. Following the very well attended short course for teachers on remedial exercises held in Torquay in 1951, several schools started special remedial exercise classes, but other schools have not been able to start classes yet. The beneficial effects of these classes were very evident during the year. Advice was given to children and parents about suitable footwear, and the effect of ill-fitting shoes in producing foot defects. In view of the incidence of painful foot defects in middle and old age, and even in school leavers, the employment of a chiropodist to advise school children and parents on prevention of foot ill-health, may be considered a worth-while project for the future.

4. *Boarded-Out Children.*

Of the 77 children in this area, boarded-out or under the supervision of the Devon Children's Officer, 35 were presented for medical inspection. In many cases, teachers are unaware that children are boarded-out (especially when not by D.C.C.), and they are therefore not presented specially for examination.

5. *Diphtheria Immunisation.*

Eight and a half sessions were devoted to booster diphtheria immunisations at schools. It is very gratifying to report that over 95% of the number of children in the 5 and 10-year age groups received booster inoculations (1,105 in 1952, and 1,023 in 1951).

6. *Verminousness.*

The campaign of including verminous children has shown results. Compared with the 212 children found verminous at routine head-inspections in spring 1950, only 62 were verminous in autumn 1952.

7. *Health Education.*

Every opportunity was taken during the year, of talking to parents, teachers, and children on health topics. The disbanding of the C.O.I.* mobile film unit was regretted, and the unit missed as a most useful aid to health education. One welcomed the inauguration of the Torquay Home Safety Committee as a further vehicle for propaganda in prevention of accidents and consequent ill-health. It is not always realised that more people died in 1950 as a result of accidents in the home than of accidents on the road.

8. *Open-Air School.*

The small size of the temporary classrooms in use in the main building necessitated a reduction in the size of each

*Central Office of Information.

class to avoid gross over-crowding. At the end of the year, there were 65 children on the register. The school still serves a very great need in the education of delicate and physically handicapped pupils, many of whom would need home tuition, if the special facilities of this school were not available. Miss Laycock and her staff have done sterling work under most trying conditions. The average gain in weight was over 6½ lbs. per child in 1952.

9. *Tuberculosis.*

Following the discovery of an open case of tuberculosis in a primary school of 359 pupils, almost all the pupils were tuberculin jelly-tested, and subsequently radiographed by the Mass Miniature Radiography Unit. This resulted in the discovery of 9 cases of primary tuberculosis—6 in the same class as the original case, and 3 in the rest of the school.

I would like to thank the Health Visitors, Clerical Staff, and Head Teachers for their co-operation and help during the year.

Dr. H. R. Vernon, (*Ilfracombe—Barnstaple Area*).

In this area, the North Devon and Somerset floods in August overshadowed all else in 1952. Thanks to the energetic and efficient action by Dr. Nightingale and his staff in Lynton and Lynmouth and by Dr. Martin and his staff in the Barnstaple Rural area at Brendon, Rockford and Challacombe especially, the devastated areas were spared any outbreak of infectious diseases, such as typhoid, commonly associated with such disasters. Subsequently, however, a number of cases of Infantile Paralysis occurred in the area south of the watershed where the rainfall was the heaviest. In this area, the flood water would not run off so rapidly as it did in the north to Lynmouth, but would soak into the ground and raise the water table level considerably. It is interesting to note that in the East, epidemics of cholera are associated with such a rise in the water table level. Perhaps this may throw new light on the (at present) unknown factors on the spread of Infantile Paralysis.

The school children generally soon recovered from the terrors of the flood and the loss of some of their little friends, and are treating their sojourn in the caravans as a holiday ; but in others, there is evidence of a delayed nervous reaction being found now, such as fear of the dark—will not go to sleep without a light ; fear of water, especially rain, and inability to sleep, if it is raining, while some have developed Nocturnal Enuresis.

The County Medical and Educational Staff on the spot did yeoman service. Miss Edwards, the Health Visitor, went to Lynton as soon as she heard of the disaster on Saturday, 16th August and at the request of the Local Welfare Officer, opened a rest centre which she ran for three days. Being well known to

the mothers and children of Lynmouth, her presence there was a great source of comfort to the homeless. The Lynton Urban District Council greatly appreciated her work.

Mr. Alsop, the Head Teacher, opened up the school canteen and the canteen workers along with other helpers supplied some hundreds of meals. Despite the extra strain the hygiene of the canteen was maintained at a high level.

In other districts 'the bulge' has been felt in full force in the already crowded primary schools. It appears to be passing from the Infant schools but many Primary Schools are already using halls as an extra class room—most unsatisfactory in view of the necessity to cross roads to get to them. The improvement in the children's health after three to six months in a less crowded senior school is very noticeable.

Dr. G. H. Walker, (*Exeter Area*).

The routine inspection of school children has been held up in my area, to a slight extent, by my duties at "Ivybank" during the illness of the Deputy C.M.O. In spite of this, the all important 5 year old examinations have not suffered. I am inclined to think that the condition of the teeth is not so good as it was a few years ago and should ascribe this to the increased sweet rations and to the prohibitive high price of fresh fruit. I refer fewer children to E.N.T. Specialists for enlarged tonsils, regarding mere hypertrophy as physiological at infant school age. Catarrh is fairly prevalent—to what extent this is infective—or to what extent allergic it is impossible to say without the performance of skin tests. The children in general, are well clothed and well fed and remarkably clean.

The treatment of maladjusted and backward children should, I think, be more closely co-ordinated than it is at present with the work of the school doctors who, having each a vast experience of dealing with all sorts and conditions of human types, should be called on to play a larger part than they do in supervising these misfits. Apart from ascertaining them and recommending treatment Assistant County Medical Officers play no further part in the lives of these children. I am inclined to think that closer co-operation would benefit all concerned, and that teachers, who in the main are very shrewd judges of children, should also come into the picture, they are not easily hoodwinked and I seldom find that they misjudge a child.

As I reported previously, it seems ridiculous to spend on building new houses if the children are to be so overcrowded in school. The health of the children has been good but a widespread outbreak of measles seriously interfered with the Routine Medical Examinations in the last three months of the year. All schools were visited at least once during the year, and I wish to thank all Head Teachers for their help in arranging the examinations.

Finally, I wish to thank the Health Visitors, School Nurse, and Nursing Assistants, for their work, without which it would be impossible to carry out the inspections so efficiently.

SCHOOL DENTAL SERVICE.

Report by J. Fletcher, Chief Dental Officer.

STAFF.

An improvement in the staffing position was noted in my report for 1951 following the acceptance of a nationally agreed salary scale for dental officers. During the year 1952 there was a further improvement and it is gratifying to report that 5 new whole-time appointments were made. These were offset to some extent by the retirement of Mr. R. J. Inder, Barnstaple Rural Area, after serving 32 years with the County, the resignation of Miss Rich, Bideford Area, and the discontinuance of certain temporary and part-time appointments which were consequent on the improvement in the numbers of whole-time permanent officers employed.

The year closed with a staff of 15 whole-time dental officers and two part-time dental officers, which latter between them devoted 11 sessions weekly to the work. The approved establishment of dental officers to be employed by the Education and Health Committees is 19 of whom the time of 3 is calculated as being devoted to work under the Health Committee. The greatest number ever employed by the two Committees at any one time was 18 in 1948.

From what has been said above it is clear that an increasing number of younger dentists are looking to the local authority services to provide them with a satisfying career. There is still, however, some misunderstanding as to the scope and conditions of the service as this quotation from Mr. J. K. Vowle's report will show : " My appointment to the Kingsbridge area was made in January of this year and I was favourably impressed with the surgery and equipment provided as I had heard several adverse reports of the conditions under which dental surgeons were expected to operate in the School Dental Service." As a further step towards counteracting such unfortunate impressions I had the pleasure, together with four other Chief Dental Officers from the South West, of attending a Meeting of the Students' Association of the Bristol Dental Hospital. The five of us acted as a panel answering questions from final year students. The meeting was immediately fruitful in producing a further applicant for appointment to the staff who will take up his duties early in 1953. As pointed out in an earlier report the problem of securing dental staff has been a dual one, that of premises and personnel. There is no doubt that the Committee's aim to provide wherever possible a central clinic in each dental officer's area, together with a mobile clinic for use where required has borne most valuable fruit.

Dental Treatment.

Attention was called in 1951 to the slight but consistent increase in the number of children who have been found on inspection to be in need of treatment over the years following the war with its gradual cessation of the restrictions of war-time diet. The annual figures from 1945 onwards are 60%, 61.5%, 67%, 66.4%, 66.5%, 67.1%, 68.2% and 70% in 1952. There is no doubt that the increasing consumption of sugar and sweets is the primary cause of this increase. The improvement in the staffing position is reflected in the amount of treatment given as will be seen from the tables at the end of the report. Following previous practice I give below details of treatment given per 100 children.

Treatment per 100 Children.

	1946	1947	1948	1949	1950	1951	1952
Fillings.							
Permanent Teeth ..	92.8	97.6	93.3	103	95.3	109	130
(No. of teeth filled) ..	(83.2)	(90.2)	(84.6)	(92.5)	(83.4)	(94.3)	(113.9)
Temporary Teeth ..	13.8	12.2	16.7	15.2	11.1	14.5	17.3
(No. of Temp. Teeth filled)	—	—	—	—	—	(12.3)	(13.8)
Extractions.							
Permanent Teeth ..	14.6	11.8	11.4	13.7	13.2	14.8	16.1
Temporary Teeth ..	81.5	68	80.2	89.8	89.4	75.5	80.2
Other Operations ..	38	51	48	54	72	97.5	100.3

It will be noted that there has been a sharp increase in the number of fillings in permanent teeth. This is doubtless to some extent due to those areas, which had for some time only been inadequately served, having once again come under a whole-time Dental Officer's care, as well as to the gradual all round increase in dental caries experience which has been mentioned above. As reported in my 1951 report an increasing interest in the treatment of children is being shown by a number of general dental practitioners and this is commented upon by a number of dental officers. There is, of course, always the risk that where two free services run side by side one may be used to play off against the other and eventually the child may fall between the two stools. In this respect, Mr. Fiddick, Totnes area, comments as follows : " It is a little difficult to assess how much the Health Act supplements the School Dental Service, or how much it acts as an excuse for non-treatment." In the General Dental Service provision is made for an examination and report fee to be payable three times yearly. The School Dental Service at present cannot hope to provide a routine dental examination of the children at intervals of much less than one year. Where static clinics exist this difficulty can be overcome by advising keen parents to attend the clinic for an examination and advice at more frequent intervals, and times are set aside for this purpose and for cases requiring

emergency treatment for pain and other reasons. In rural areas the difficulty of overcoming this problem is much greater.

Clinics.

The Mobile Dental Clinic referred to in my previous report was put into service at Colyton Grammar School on 20th February, 1952. The British Broadcasting Corporation sent down their recording van from Bristol and included an interesting little feature on the new clinic in their Friday evening " Week in the West " Programme. Since then this clinic has been continuously in use in some part of the County with hardly a day's break. Undoubtedly it is best used in areas where there is a sufficient concentration of children to allow it to remain for several weeks such as at Tavistock, and Plympton. In Tavistock, by the kind permission of the urban authorities the Mobile Clinic was allowed to stand on a suitable site in the Meadows, the town's recreation ground and park. Here it was centrally placed for the treatment of the Primary and Modern Secondary School children. It was also successfully used at Bideford, (Geneva Place Junior School), Bere Alston, Princetown, and at King's Grammar School, Ottery St. Mary. Requests for its use at many other schools were received but had regretfully to be refused. The great advantages of the Mobile Clinic are (a) it gives good working conditions for the dental officer where fully equipped static clinics are not available ; (b) it causes the minimum of interference with the normal school routine ; (c) it permits facilities for extractions under general anaesthetics to be taken to the rural areas ; (d) it is economical in Dental Officers time as everything required is immediately ready to hand and work can still proceed in the district even when the schools are closed ; (e) its good appearance and consequent propaganda value in rural areas is considerable.

The adaptations to the air-raid shelter portion of the Old Day Nursery in the Borough Park, Totnes, which were necessary to fit it for use as a medical and dental clinic were completed by the Totnes Borough Council in December. This clinic was put into use before tne end of the year and will considerably improve the dental service to the town and surrounding country district. Accommodation for dental treatment has long been a problem for the Totnes schools and when extractions under general anaesthesia have been necessary cases have previously had to go to Paignton or Newton Abbot for treatment.

Oral Hygiene and Preventive Dentistry.

Besides being a treatment service the School Dental Service has also educational responsibilities and one of its objects is to ensure that children leave school trained in the care of their teeth. During a period of understaffing dental officers must feel that whenever possible their time is best spent in remedial treatment but the preventive side, and in this oral hygiene plays a big part, is not overlooked. Mr. Derbyshire, Torquay, in this respect

find visits to Child Welfare Centres and Childrens' Homes particularly rewarding. He writes : " It was most encouraging on my last visit to find the children crowding round opening wide their mouths, before inspection had commenced, showing a keen interest and not the slightest apprehension, which of course, is as it should be. Keeping the importance of dental health before them in this manner must have its effect." Mr. Fiddick, Totnes area, has arranged for the showing of dental films and given talks. In addition the dental staff are always willing to address Parent-Teacher Associations and indeed do so. Film strips and prepared scripts are available at the Medical Department for those who wish to use them.

FLUORIDES.

Increasing interest is being shown in the possibilities of dental caries control by the addition of small quantities of fluorides to the water supplies. Experiments have now been in progress in the United States for 6½ years and reports show that the expected reduction in dental decay of 2/3rds has already been achieved as far as the first permanent molar teeth are concerned. There is promise of even better figures to come when the results relating to the whole of the permanent teeth become available. Some criticism as to the rights and wrongs of using the water supply for therapeutic purposes is, however, being voiced in some quarters. This is a little difficult to understand as exception can hardly be taken to the addition of substances to the water for the prevention of disease of which chlorination is an example. Dental disease is the most widespread of all diseases and it seems that the value of fluoridation for at least the partial control of this disease has now been established beyond question.

ORTHODONTICS.

Orthodontics must also be considered as part of the field of preventive dentistry. There is no doubt that regularly placed teeth, with the jaws meeting in their correct relationship, are less prone to disease than badly aligned teeth. The work of Mr. A. S. Peacock, Plymstock area and County Orthodontic Specialist Officer, continues to receive much praise from his patients and from his colleagues who refer cases to him for advice or treatment. Statistics of orthodontic cases are as follows :—

Cases already under treatment	190
New cases commenced	313
Cases completed during 1952	173
Number of cases discontinued	40
Cases remaining under treatment	292

CO-OPERATION.

Dental Officers again refer to the cordial co-operation afforded to them by the teaching staff. This has particularly impressed two of the newly appointed Dental Officers. Mr. Vowles, Kingsbridge area, writes : " Throughout the area the co-operation

from parents and school staff has been very good indeed." Mr. Gibbs, N. Devon area, states : " I have encountered good working conditions in the schools visited. This is due to the fact of the kind co-operation of the teachers who are ready to put themselves to considerable inconvenience so that I may have as good a room as possible." A word of praise for the work of the dental attendants is also due. Gratitude is also expressed for the co-operation of Assistant County Medical Officers, many of whom act as dental anaesthetists for emergency and other cases, and for the help given by Health Visitors, School Nurses, and others.

DENTAL INSPECTION AND TREATMENT.*

Primary and Secondary Schools (including Grammar), —also Special Schools.

(1)	Number of pupils inspected by the Authority's Dental Officers :			
	(*a*) Periodic age groups			31,998
	(*b*) Specials			2,955
			Total (1)	34,953
(2)	Number found to require treatment			24,290
(3)	Number referred for treatment			21,729
(4)	Number actually treated			17,750
(5)	Attendances made by pupils for treatment			36,534
(6)	Half-days devoted to : Inspection and Treatment	Including Orthodontic Treatment		6,156
			Total (6)	6,156
(7)	Fillings :	Permanent Teeth		23,092
		Temporary Teeth		3,069
			Total (7)	26,161
(8)	Number of teeth filled :	Permanent Teeth		20,212
		Temporary Teeth		2,448
			Total (8)	22,660
(9)	Extractions :	Permanent Teeth		2,861
		Temporary Teeth		14,228
			Total (9)	17,089
(10)	Administration of general anaesthetics for extraction			3,230
(11)	Other operations :	Permanent Teeth		13,770
		Temporary Teeth		4,026
			Total (11)	17,796

*For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's Scheme.

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